

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1994 (1 of 3)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Total Medical Services</b>						
All beneficiaries	\$303,683	52.73	13.66	9.44	19.05	5.12
	<i>6,809</i>	<i>1.04</i>	<i>0.76</i>	<i>0.30</i>	<i>0.52</i>	<i>0.56</i>
Beneficiaries 65 years and older	260,679	54.90	11.77	9.70	20.05	3.57
	<i>6,139</i>	<i>0.99</i>	<i>0.61</i>	<i>0.28</i>	<i>0.56</i>	<i>0.46</i>
Beneficiaries 64 years and younger	43,004	39.60	25.07	7.86	12.94	14.52
	<i>2,428</i>	<i>2.12</i>	<i>2.48</i>	<i>0.99</i>	<i>0.88</i>	<i>2.79</i>
<b>Inpatient Hospital Services</b>						
All beneficiaries	93,581	87.51	1.56	6.67	2.71	1.55
	<i>3,620</i>	<i>0.80</i>	<i>0.10</i>	<i>0.59</i>	<i>0.33</i>	<i>0.28</i>
Beneficiaries 65 years and older	82,604	88.69	1.23	6.28	2.45	1.35
	<i>3,572</i>	<i>0.74</i>	<i>0.10</i>	<i>0.59</i>	<i>0.26</i>	<i>0.27</i>
Beneficiaries 64 years and younger	10,977	78.64	4.05	9.58	4.67	3.06
	<i>875</i>	<i>2.48</i>	<i>0.46</i>	<i>2.07</i>	<i>1.25</i>	<i>0.82</i>
<b>Outpatient Hospital Services</b>						
All beneficiaries	23,336	62.36	4.19	20.93	9.48	3.03
	<i>815</i>	<i>0.84</i>	<i>0.32</i>	<i>0.73</i>	<i>0.55</i>	<i>0.40</i>
Beneficiaries 65 years and older	19,122	62.02	3.19	22.83	9.25	2.72
	<i>723</i>	<i>0.86</i>	<i>0.30</i>	<i>0.73</i>	<i>0.56</i>	<i>0.46</i>
Beneficiaries 64 years and younger	4,214	63.95	8.75	12.32	10.55	4.44
	<i>363</i>	<i>2.47</i>	<i>0.79</i>	<i>1.87</i>	<i>1.61</i>	<i>0.81</i>
<b>Physician/Supplier Services</b>						
All beneficiaries	66,017	60.99	3.59	14.94	19.36	1.11
	<i>1,371</i>	<i>0.63</i>	<i>0.24</i>	<i>0.37</i>	<i>0.53</i>	<i>0.16</i>
Beneficiaries 65 years and older	58,279	62.03	2.60	15.23	19.24	0.90
	<i>1,323</i>	<i>0.68</i>	<i>0.23</i>	<i>0.37</i>	<i>0.55</i>	<i>0.17</i>
Beneficiaries 64 years and younger	7,738	53.13	11.02	12.76	20.33	2.75
	<i>352</i>	<i>1.46</i>	<i>0.91</i>	<i>1.09</i>	<i>1.33</i>	<i>0.53</i>

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1994 (2 of 3)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Dental Services</b>						
All beneficiaries	\$5,716	0.12	1.89	14.27	81.89	1.83
	187	0.05	0.22	0.97	0.98	0.30
Beneficiaries 65 years and older	5,240	0.12	1.20	13.68	83.49	1.51
	191	0.05	0.19	1.01	1.03	0.31
Beneficiaries 64 years and younger	476	0.09	9.57	20.77	64.23	5.34
	58	0.09	2.08	3.04	3.60	1.75
<b>Prescription Medicines</b>						
All beneficiaries	19,252	0.08	12.14	27.54	52.06	8.19
	321	0.02	0.62	0.73	0.73	0.51
Beneficiaries 65 years and older	16,455	0.08	9.28	28.42	54.44	7.78
	279	0.02	0.63	0.75	0.74	0.56
Beneficiaries 64 years and younger	2,797	0.03	28.93	22.39	38.04	10.60
	105	0.02	1.79	1.56	1.59	1.22
<b>Medicare Hospice Services</b>						
All beneficiaries	1,868	100.00	0.00	0.00	0.00	0.00
	317	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	1,857	100.00	0.00	0.00	0.00	0.00
	317	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	10	100.00	0.00	0.00	0.00	0.00
	4	0.00	0.00	0.00	0.00	0.00
<b>Medicare Home Health Services</b>						
All beneficiaries	15,767	86.20	5.17	0.85	7.07	0.71
	1,275	5.15	4.53	0.30	3.28	0.19
Beneficiaries 65 years and older	13,938	90.53	0.40	0.89	7.59	0.60
	963	3.64	0.23	0.33	3.64	0.17
Beneficiaries 64 years and younger	1,829	53.24	41.47	0.56	3.15	1.58
	777	24.60	26.93	0.39	2.86	1.23

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 1994 (3 of 3)**

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Long-Term Facility Care<sup>1</sup></b>						
All beneficiaries	\$78,146	10.18	42.75	1.83	31.34	13.90
	<i>3,987</i>	<i>0.80</i>	<i>1.75</i>	<i>0.24</i>	<i>1.50</i>	<i>1.79</i>
Beneficiaries 65 years and older	63,183	11.63	40.99	2.13	36.21	9.03
	<i>2,857</i>	<i>0.85</i>	<i>1.74</i>	<i>0.28</i>	<i>1.44</i>	<i>1.66</i>
Beneficiaries 64 years and younger	14,963	4.06	50.15	0.58	10.74	34.47
	<i>2,030</i>	<i>1.22</i>	<i>5.64</i>	<i>0.27</i>	<i>1.24</i>	<i>6.03</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$79,267	87.09	1.14	7.34	2.71	1.73	\$2,233
	<i>5,693</i>	<i>1.06</i>	<i>0.07</i>	<i>0.97</i>	<i>0.09</i>	<i>0.17</i>	<i>159</i>
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	38,351	88.21	0.63	6.61	2.69	1.86	2,030
	<i>4,038</i>	<i>1.02</i>	<i>0.10</i>	<i>0.68</i>	<i>0.08</i>	<i>0.20</i>	<i>216</i>
75 - 84 years	23,956	89.60	0.76	6.39	2.04	1.20	2,396
	<i>706</i>	<i>0.31</i>	<i>0.05</i>	<i>0.11</i>	<i>0.19</i>	<i>0.27</i>	<i>62</i>
85 years and older	7,362	86.13	1.65	9.68	1.99	0.55	2,720
	<i>175</i>	<i>2.79</i>	<i>0.43</i>	<i>3.15</i>	<i>0.25</i>	<i>0.07</i>	<i>105</i>
<b>Disabled</b>							
Under 45 years	3,460	83.78	5.72	5.62	3.45	1.43	2,588
	<i>227</i>	<i>1.92</i>	<i>0.50</i>	<i>1.99</i>	<i>1.58</i>	<i>0.51</i>	<i>174</i>
45 - 64 years	6,137	73.27	2.56	13.80	5.86	4.51	2,391
	<i>1,113</i>	<i>5.17</i>	<i>0.27</i>	<i>4.31</i>	<i>1.04</i>	<i>1.04</i>	<i>410</i>
<b>Gender</b>							
Male	38,601	84.61	0.83	8.62	3.09	2.85	2,467
	<i>2,482</i>	<i>2.38</i>	<i>0.10</i>	<i>1.80</i>	<i>0.19</i>	<i>0.37</i>	<i>155</i>
Female	40,666	89.43	1.43	6.13	2.35	0.66	2,048
	<i>3,508</i>	<i>0.35</i>	<i>0.08</i>	<i>0.40</i>	<i>0.31</i>	<i>0.18</i>	<i>179</i>
<b>Living Arrangement</b>							
Alone	17,169	90.26	1.44	6.01	1.69	0.60	2,032
	<i>1,598</i>	<i>1.13</i>	<i>0.17</i>	<i>1.01</i>	<i>0.29</i>	<i>0.16</i>	<i>155</i>
With spouse	45,129	86.26	0.44	8.65	2.73	1.92	2,208
	<i>4,083</i>	<i>1.02</i>	<i>0.03</i>	<i>1.23</i>	<i>0.13</i>	<i>0.42</i>	<i>210</i>
With children	9,604	90.07	2.65	3.11	2.95	1.23	2,635
	<i>1,082</i>	<i>2.19</i>	<i>0.43</i>	<i>0.40</i>	<i>0.79</i>	<i>1.35</i>	<i>310</i>
With others	7,339	80.81	2.74	7.99	4.66	3.81	2,473
	<i>1,238</i>	<i>0.63</i>	<i>0.57</i>	<i>1.70</i>	<i>1.43</i>	<i>0.30</i>	<i>423</i>

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$79,267	87.09	1.14	7.34	2.71	1.73	\$2,233
	<i>5,693</i>	<i>1.06</i>	<i>0.07</i>	<i>0.97</i>	<i>0.09</i>	<i>0.17</i>	<i>159</i>
<b>Race/Ethnicity</b>							
White non-Hispanic	64,460	87.43	0.78	7.89	2.35	1.56	2,191
	<i>4,819</i>	<i>1.19</i>	<i>0.10</i>	<i>1.05</i>	<i>0.05</i>	<i>0.13</i>	<i>174</i>
Black non-Hispanic	9,338	82.95	2.50	5.96	5.15	3.45	2,857
	<i>455</i>	<i>2.25</i>	<i>0.45</i>	<i>1.98</i>	<i>0.60</i>	<i>0.51</i>	<i>122</i>
Hispanic	4,366	89.96	2.93	3.30	3.12	0.69	2,090
	<i>775</i>	<i>2.25</i>	<i>0.35</i>	<i>1.36</i>	<i>1.15</i>	<i>0.21</i>	<i>228</i>
Other	871	90.85	3.31	2.21	2.13	1.50	1,342
	<i>52</i>	<i>1.29</i>	<i>1.25</i>	<i>0.63</i>	<i>0.35</i>	<i>0.52</i>	<i>157</i>
<b>Income</b>							
Less than \$2,500	1,878	87.09	2.22	7.01	2.76	0.91	2,318
	<i>619</i>	<i>1.84</i>	<i>1.24</i>	<i>1.39</i>	<i>0.70</i>	<i>0.77</i>	<i>753</i>
\$2,500 - \$4,999	3,826	94.63	1.57	2.01	1.45	0.33	4,002
	<i>1,918</i>	<i>1.83</i>	<i>0.98</i>	<i>0.74</i>	<i>0.55</i>	<i>0.05</i>	<i>1,532</i>
\$5,000 - \$7,499	11,198	88.67	4.60	2.70	2.41	1.62	2,333
	<i>830</i>	<i>1.57</i>	<i>0.30</i>	<i>0.36</i>	<i>0.85</i>	<i>0.35</i>	<i>161</i>
\$7,500 - \$9,999	11,167	90.41	1.65	4.03	2.49	1.41	2,555
	<i>1,654</i>	<i>0.45</i>	<i>0.34</i>	<i>1.05</i>	<i>0.40</i>	<i>0.93</i>	<i>329</i>
\$10,000 - \$14,999	15,515	85.93	0.46	6.91	3.57	3.13	2,376
	<i>843</i>	<i>2.80</i>	<i>0.11</i>	<i>0.68</i>	<i>0.84</i>	<i>1.52</i>	<i>93</i>
\$15,000 - \$19,999	10,055	87.13	0.09	8.74	2.56	1.48	2,304
	<i>890</i>	<i>2.80</i>	<i>0.03</i>	<i>1.83</i>	<i>0.57</i>	<i>0.95</i>	<i>248</i>
\$20,000 - \$24,999	8,204	82.25	0.18	12.86	4.11	0.60	2,095
	<i>764</i>	<i>3.39</i>	<i>0.17</i>	<i>3.34</i>	<i>0.35</i>	<i>0.50</i>	<i>204</i>
\$25,000 - \$29,999	3,950	83.53	0.07	13.11	1.97	1.33	1,787
	<i>1,408</i>	<i>3.03</i>	<i>0.11</i>	<i>2.33</i>	<i>0.50</i>	<i>0.85</i>	<i>608</i>
\$30,000 or more	13,474	86.14	0.01	9.90	1.98	1.97	1,786
	<i>1,580</i>	<i>1.37</i>	<i>0.01</i>	<i>1.86</i>	<i>0.28</i>	<i>0.99</i>	<i>253</i>

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$79,267	87.09	1.14	7.34	2.71	1.73	\$2,233
	<i>5,693</i>	<i>1.06</i>	<i>0.07</i>	<i>0.97</i>	<i>0.09</i>	<i>0.17</i>	<i>159</i>
<b>Health Status</b>							
Excellent	5,516	89.55	0.69	6.91	2.18	0.66	955
	<i>461</i>	<i>2.03</i>	<i>0.14</i>	<i>2.23</i>	<i>0.43</i>	<i>0.24</i>	<i>87</i>
Very good	11,920	86.35	0.59	7.57	3.14	2.36	1,302
	<i>1,526</i>	<i>1.61</i>	<i>0.12</i>	<i>1.38</i>	<i>1.02</i>	<i>0.86</i>	<i>180</i>
Good	19,192	87.39	0.78	7.23	2.83	1.78	1,756
	<i>979</i>	<i>1.27</i>	<i>0.07</i>	<i>1.60</i>	<i>0.09</i>	<i>0.48</i>	<i>73</i>
Fair	22,414	87.28	1.19	8.04	2.34	1.15	3,447
	<i>2,231</i>	<i>1.95</i>	<i>0.12</i>	<i>1.18</i>	<i>0.30</i>	<i>0.71</i>	<i>323</i>
Poor	19,865	86.32	1.85	6.72	2.85	2.27	6,488
	<i>2,912</i>	<i>2.01</i>	<i>0.10</i>	<i>1.11</i>	<i>0.94</i>	<i>0.42</i>	<i>827</i>
<b>Functional Limitation</b>							
None	24,056	88.64	0.77	7.08	2.35	1.17	1,192
	<i>1,379</i>	<i>1.36</i>	<i>0.04</i>	<i>1.04</i>	<i>0.21</i>	<i>0.25</i>	<i>65</i>
IADL only <sup>4</sup>	21,364	85.50	1.53	6.60	4.13	2.24	2,709
	<i>1,429</i>	<i>1.12</i>	<i>0.18</i>	<i>1.06</i>	<i>0.63</i>	<i>0.99</i>	<i>174</i>
One to two ADLs <sup>5</sup>	15,172	83.06	0.93	11.46	2.36	2.18	3,148
	<i>2,283</i>	<i>2.51</i>	<i>0.17</i>	<i>1.92</i>	<i>0.81</i>	<i>0.65</i>	<i>488</i>
Three to five ADLs	18,363	90.18	1.32	5.24	1.75	1.52	7,079
	<i>2,486</i>	<i>2.11</i>	<i>0.09</i>	<i>1.67</i>	<i>0.51</i>	<i>0.14</i>	<i>1,000</i>

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$79,267	87.09	1.14	7.34	2.71	1.73	\$2,233
	<i>5,693</i>	<i>1.06</i>	<i>0.07</i>	<i>0.97</i>	<i>0.09</i>	<i>0.17</i>	<i>159</i>
<b>Metropolitan Area Resident</b>							
Yes	60,582	88.15	0.96	6.97	2.38	1.54	2,303
	<i>3,492</i>	<i>0.76</i>	<i>0.02</i>	<i>1.09</i>	<i>0.28</i>	<i>0.20</i>	<i>133</i>
No	18,685	83.65	1.69	8.55	3.78	2.33	2,038
	<i>2,671</i>	<i>1.71</i>	<i>0.24</i>	<i>0.63</i>	<i>1.08</i>	<i>0.41</i>	<i>274</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$20,401	60.05	3.59	22.95	10.08	3.33	\$575
	<i>402</i>	<i>1.76</i>	<i>0.40</i>	<i>1.04</i>	<i>0.77</i>	<i>0.54</i>	<i>11</i>
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	9,678	58.19	2.67	25.10	10.11	3.93	512
	<i>249</i>	<i>1.86</i>	<i>0.56</i>	<i>1.43</i>	<i>0.68</i>	<i>0.83</i>	<i>12</i>
75 - 84 years	6,025	61.67	2.25	24.84	9.28	1.96	603
	<i>205</i>	<i>1.61</i>	<i>0.18</i>	<i>1.05</i>	<i>0.95</i>	<i>0.20</i>	<i>22</i>
85 years and older	1,104	62.68	2.41	23.51	10.83	0.58	408
	<i>32</i>	<i>0.51</i>	<i>0.13</i>	<i>1.30</i>	<i>1.00</i>	<i>0.13</i>	<i>10</i>
<b>Disabled</b>							
Under 45 years	1,417	68.55	11.85	6.52	9.75	3.33	1,060
	<i>55</i>	<i>4.17</i>	<i>1.01</i>	<i>0.89</i>	<i>3.21</i>	<i>0.97</i>	<i>48</i>
45 - 64 years	2,178	57.01	6.63	18.56	11.99	5.82	848
	<i>52</i>	<i>6.41</i>	<i>1.14</i>	<i>4.01</i>	<i>3.17</i>	<i>1.22</i>	<i>11</i>
<b>Gender</b>							
Male	9,580	57.38	2.79	23.55	11.36	4.92	612
	<i>664</i>	<i>2.54</i>	<i>0.37</i>	<i>1.23</i>	<i>1.26</i>	<i>0.63</i>	<i>43</i>
Female	10,822	62.42	4.30	22.41	8.94	1.92	545
	<i>263</i>	<i>1.25</i>	<i>0.50</i>	<i>1.22</i>	<i>0.91</i>	<i>0.59</i>	<i>14</i>
<b>Living Arrangement</b>							
Alone	4,506	61.10	4.60	21.58	10.06	2.66	533
	<i>272</i>	<i>0.85</i>	<i>0.79</i>	<i>0.86</i>	<i>0.48</i>	<i>0.07</i>	<i>30</i>
With spouse	11,424	58.04	1.69	26.41	10.22	3.64	559
	<i>252</i>	<i>2.07</i>	<i>0.21</i>	<i>1.36</i>	<i>0.79</i>	<i>0.61</i>	<i>11</i>
With children	2,299	63.93	8.02	14.23	11.13	2.68	631
	<i>226</i>	<i>3.28</i>	<i>0.87</i>	<i>1.96</i>	<i>2.74</i>	<i>1.38</i>	<i>65</i>
With others	2,172	64.36	6.81	16.78	8.27	3.79	732
	<i>216</i>	<i>3.56</i>	<i>0.64</i>	<i>1.08</i>	<i>1.44</i>	<i>0.97</i>	<i>76</i>

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$20,401	60.05	3.59	22.95	10.08	3.33	\$575
	402	1.76	0.40	1.04	0.77	0.54	11
<b>Race/Ethnicity</b>							
White non-Hispanic	16,086	58.06	2.21	26.40	10.29	3.04	547
	326	1.41	0.42	1.05	0.71	0.35	13
Black non-Hispanic	2,148	66.20	8.21	10.65	10.47	4.47	657
	48	3.75	1.01	1.77	2.28	1.71	19
Hispanic	1,677	69.05	9.54	9.76	8.76	2.90	803
	115	2.97	0.99	2.48	1.78	0.31	126
Other	445	68.00	8.21	7.51	5.98	10.29	685
	54	8.19	1.47	2.24	1.21	6.93	163
<b>Income</b>							
Less than \$2,500	568	50.46	3.60	15.45	21.22	9.27	702
	29	4.44	0.28	4.06	4.52	0.50	37
\$2,500 - \$4,999	483	64.05	7.68	12.30	15.14	0.82	505
	150	3.43	1.60	2.74	4.59	0.34	111
\$5,000 - \$7,499	2,654	70.28	13.25	8.68	6.15	1.64	553
	453	2.15	0.72	0.57	1.20	0.49	89
\$7,500 - \$9,999	2,759	68.67	7.16	12.44	9.04	2.69	631
	279	1.50	0.99	0.89	1.10	0.26	80
\$10,000 - \$14,999	3,741	60.58	2.81	23.10	10.24	3.27	573
	272	1.76	0.46	0.15	1.25	0.82	36
\$15,000 - \$19,999	2,444	59.61	0.34	28.14	9.29	2.63	560
	134	1.42	0.19	1.02	0.55	1.14	21
\$20,000 - \$24,999	2,222	57.79	0.29	26.63	10.70	4.59	567
	161	3.62	0.22	2.29	1.20	1.87	45
\$25,000 - \$29,999	1,405	54.85	0.16	29.28	11.09	4.62	636
	155	5.76	0.15	2.65	1.78	3.24	46
\$30,000 or more	4,125	51.34	0.09	34.09	10.81	3.67	547
	238	1.04	0.07	1.66	0.70	0.65	26

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$20,401	60.05	3.59	22.95	10.08	3.33	\$575
	402	1.76	0.40	1.04	0.77	0.54	11
<b>Health Status</b>							
Excellent	1,730	58.32	1.33	27.15	10.03	3.17	300
	112	1.37	0.23	2.47	1.79	0.68	18
Very good	3,345	57.00	1.28	26.22	11.59	3.91	365
	155	1.00	0.17	1.12	0.47	0.80	13
Good	5,760	57.49	2.92	25.43	10.82	3.34	527
	95	2.52	0.35	0.69	1.59	0.65	12
Fair	5,038	60.96	4.23	20.48	9.83	4.50	775
	222	3.03	0.12	1.00	1.32	1.94	43
Poor	4,480	65.33	6.33	18.37	8.31	1.65	1,463
	108	1.53	1.21	2.56	0.88	0.20	32
<b>Functional Limitation</b>							
None	8,634	59.19	2.14	25.92	9.80	2.94	428
	385	1.62	0.53	1.87	0.36	0.28	20
IADL only <sup>4</sup>	5,775	60.35	5.05	19.29	10.74	4.57	732
	396	2.42	0.45	1.04	1.49	1.58	49
One to two ADLs <sup>5</sup>	3,591	60.39	3.17	24.36	9.57	2.51	745
	307	2.11	0.49	2.11	0.48	0.10	59
Three to five ADLs	2,393	61.94	5.93	18.96	10.22	2.96	922
	69	1.43	1.66	2.11	2.50	1.28	18

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$20,401	60.05	3.59	22.95	10.08	3.33	\$575
	<i>402</i>	<i>1.76</i>	<i>0.40</i>	<i>1.04</i>	<i>0.77</i>	<i>0.54</i>	<i>11</i>
<b>Metropolitan Area Resident</b>							
Yes	15,408	59.56	3.46	23.09	10.18	3.71	586
	<i>419</i>	<i>1.90</i>	<i>0.39</i>	<i>1.06</i>	<i>0.98</i>	<i>0.76</i>	<i>15</i>
No	4,992	61.60	3.98	22.53	9.75	2.14	545
	<i>375</i>	<i>1.54</i>	<i>0.97</i>	<i>1.63</i>	<i>0.75</i>	<i>0.25</i>	<i>36</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$58,424	59.19	3.33	16.27	20.01	1.21	\$1,646
	<i>1,760</i>	<i>0.28</i>	<i>0.26</i>	<i>0.35</i>	<i>0.21</i>	<i>0.19</i>	<i>49</i>
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	27,524	59.39	2.05	17.50	19.80	1.27	1,457
	<i>989</i>	<i>0.50</i>	<i>0.17</i>	<i>0.63</i>	<i>0.95</i>	<i>0.38</i>	<i>55</i>
75 - 84 years	18,866	61.81	2.27	16.14	19.15	0.64	1,887
	<i>780</i>	<i>0.55</i>	<i>0.53</i>	<i>0.11</i>	<i>0.01</i>	<i>0.06</i>	<i>76</i>
85 years and older	5,175	60.63	3.30	12.90	22.49	0.67	1,912
	<i>15</i>	<i>2.03</i>	<i>0.83</i>	<i>0.41</i>	<i>2.17</i>	<i>0.27</i>	<i>32</i>
<b>Disabled</b>							
Under 45 years	2,277	51.17	18.48	10.19	18.73	1.42	1,703
	<i>175</i>	<i>5.68</i>	<i>3.79</i>	<i>1.73</i>	<i>2.68</i>	<i>0.17</i>	<i>141</i>
45 - 64 years	4,582	49.51	7.89	16.23	22.62	3.75	1,785
	<i>655</i>	<i>1.62</i>	<i>1.53</i>	<i>1.32</i>	<i>1.70</i>	<i>0.13</i>	<i>228</i>
<b>Gender</b>							
Male	25,703	58.39	2.45	17.37	19.96	1.83	1,643
	<i>615</i>	<i>0.27</i>	<i>0.05</i>	<i>0.69</i>	<i>0.52</i>	<i>0.32</i>	<i>35</i>
Female	32,721	59.81	4.01	15.41	20.05	0.72	1,648
	<i>1,206</i>	<i>0.29</i>	<i>0.43</i>	<i>0.09</i>	<i>0.08</i>	<i>0.11</i>	<i>63</i>
<b>Living Arrangement</b>							
Alone	13,611	61.00	3.97	14.72	19.06	1.26	1,611
	<i>349</i>	<i>0.54</i>	<i>0.50</i>	<i>0.05</i>	<i>0.43</i>	<i>0.16</i>	<i>44</i>
With spouse	33,044	58.41	1.30	18.75	20.31	1.22	1,617
	<i>962</i>	<i>0.58</i>	<i>0.07</i>	<i>0.29</i>	<i>0.86</i>	<i>0.39</i>	<i>55</i>
With children	6,721	59.87	8.91	11.13	19.17	0.92	1,844
	<i>419</i>	<i>2.32</i>	<i>1.30</i>	<i>0.82</i>	<i>2.76</i>	<i>0.31</i>	<i>115</i>
With others	5,047	58.45	7.41	11.06	21.68	1.39	1,701
	<i>408</i>	<i>1.83</i>	<i>0.57</i>	<i>1.48</i>	<i>1.41</i>	<i>0.24</i>	<i>142</i>

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$58,424	59.19	3.33	16.27	20.01	1.21	\$1,646
	<i>1,760</i>	<i>0.28</i>	<i>0.26</i>	<i>0.35</i>	<i>0.21</i>	<i>0.19</i>	<i>49</i>
<b>Race/Ethnicity</b>							
White non-Hispanic	48,214	58.41	2.10	17.80	20.48	1.21	1,639
	<i>1,593</i>	<i>0.42</i>	<i>0.27</i>	<i>0.31</i>	<i>0.35</i>	<i>0.17</i>	<i>64</i>
Black non-Hispanic	5,487	60.44	8.22	9.31	20.53	1.49	1,679
	<i>502</i>	<i>1.58</i>	<i>1.22</i>	<i>0.36</i>	<i>2.65</i>	<i>0.38</i>	<i>142</i>
Hispanic	3,841	66.02	10.54	8.61	14.02	0.81	1,838
	<i>372</i>	<i>1.98</i>	<i>0.99</i>	<i>1.31</i>	<i>1.29</i>	<i>0.16</i>	<i>20</i>
Other	757	62.80	9.22	8.94	17.81	1.23	1,166
	<i>112</i>	<i>3.74</i>	<i>1.67</i>	<i>2.58</i>	<i>6.28</i>	<i>0.15</i>	<i>133</i>
<b>Income</b>							
Less than \$2,500	1,619	50.85	4.51	12.54	30.83	1.26	1,998
	<i>268</i>	<i>2.86</i>	<i>1.76</i>	<i>1.77</i>	<i>2.12</i>	<i>0.08</i>	<i>330</i>
\$2,500 - \$4,999	2,162	59.62	5.43	11.00	23.80	0.15	2,262
	<i>614</i>	<i>9.17</i>	<i>0.40</i>	<i>3.66</i>	<i>6.00</i>	<i>0.09</i>	<i>474</i>
\$5,000 - \$7,499	7,729	66.19	12.69	6.32	14.05	0.75	1,610
	<i>238</i>	<i>1.99</i>	<i>0.79</i>	<i>0.12</i>	<i>1.51</i>	<i>0.06</i>	<i>40</i>
\$7,500 - \$9,999	7,431	63.30	6.31	12.17	16.64	1.59	1,700
	<i>491</i>	<i>0.84</i>	<i>0.47</i>	<i>0.39</i>	<i>0.48</i>	<i>0.15</i>	<i>85</i>
\$10,000 - \$14,999	10,900	59.37	2.11	15.69	20.91	1.91	1,669
	<i>479</i>	<i>0.92</i>	<i>0.98</i>	<i>0.45</i>	<i>0.79</i>	<i>0.90</i>	<i>56</i>
\$15,000 - \$19,999	6,855	58.98	0.62	19.40	20.33	0.68	1,571
	<i>81</i>	<i>0.44</i>	<i>0.63</i>	<i>0.18</i>	<i>0.34</i>	<i>0.20</i>	<i>24</i>
\$20,000 - \$24,999	5,894	57.06	0.45	20.30	20.70	1.48	1,505
	<i>289</i>	<i>1.58</i>	<i>0.30</i>	<i>1.56</i>	<i>0.47</i>	<i>0.52</i>	<i>69</i>
\$25,000 - \$29,999	3,592	54.89	0.08	22.25	22.12	0.66	1,625
	<i>749</i>	<i>2.68</i>	<i>0.04</i>	<i>0.75</i>	<i>3.58</i>	<i>0.27</i>	<i>324</i>
\$30,000 or more	12,241	55.53	0.02	21.52	21.78	1.15	1,622
	<i>913</i>	<i>0.82</i>	<i>0.01</i>	<i>1.60</i>	<i>1.02</i>	<i>0.09</i>	<i>115</i>

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$58,424	59.19	3.33	16.27	20.01	1.21	\$1,646
	<i>1,760</i>	<i>0.28</i>	<i>0.26</i>	<i>0.35</i>	<i>0.21</i>	<i>0.19</i>	<i>49</i>
<b>Health Status</b>							
Excellent	5,303	53.36	1.46	18.96	25.35	0.86	918
	<i>51</i>	<i>1.75</i>	<i>0.17</i>	<i>1.01</i>	<i>0.75</i>	<i>0.32</i>	<i>26</i>
Very good	10,441	56.61	1.93	17.76	21.99	1.71	1,140
	<i>164</i>	<i>0.43</i>	<i>0.40</i>	<i>0.98</i>	<i>0.95</i>	<i>0.59</i>	<i>26</i>
Good	15,903	58.35	2.57	17.58	20.16	1.34	1,455
	<i>890</i>	<i>1.73</i>	<i>0.24</i>	<i>0.62</i>	<i>1.41</i>	<i>0.11</i>	<i>68</i>
Fair	15,463	61.91	4.62	15.09	17.13	1.24	2,378
	<i>379</i>	<i>1.11</i>	<i>0.36</i>	<i>0.83</i>	<i>0.99</i>	<i>0.41</i>	<i>49</i>
Poor	11,106	61.65	4.83	13.37	19.44	0.70	3,628
	<i>1,009</i>	<i>2.26</i>	<i>0.32</i>	<i>0.40</i>	<i>1.67</i>	<i>0.04</i>	<i>273</i>
<b>Functional Limitation</b>							
None	22,339	57.58	1.75	19.11	20.47	1.08	1,107
	<i>770</i>	<i>0.55</i>	<i>0.32</i>	<i>0.57</i>	<i>0.33</i>	<i>0.07</i>	<i>35</i>
IADL only <sup>4</sup>	14,829	62.10	3.84	15.43	17.49	1.14	1,880
	<i>271</i>	<i>0.49</i>	<i>0.12</i>	<i>0.38</i>	<i>0.25</i>	<i>0.12</i>	<i>31</i>
One to two ADLs <sup>5</sup>	11,243	57.76	2.81	16.15	21.67	1.60	2,332
	<i>930</i>	<i>0.68</i>	<i>0.30</i>	<i>0.81</i>	<i>0.61</i>	<i>0.89</i>	<i>200</i>
Three to five ADLs	9,938	59.95	6.69	11.33	20.85	1.18	3,831
	<i>701</i>	<i>0.73</i>	<i>1.20</i>	<i>0.60</i>	<i>1.04</i>	<i>0.20</i>	<i>301</i>

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$58,424	59.19	3.33	16.27	20.01	1.21	\$1,646
	<i>1,760</i>	<i>0.28</i>	<i>0.26</i>	<i>0.35</i>	<i>0.21</i>	<i>0.19</i>	<i>49</i>
<b>Metropolitan Area Resident</b>							
Yes	45,749	59.27	3.29	16.31	19.91	1.21	1,739
	<i>1,142</i>	<i>0.55</i>	<i>0.34</i>	<i>0.45</i>	<i>0.22</i>	<i>0.20</i>	<i>45</i>
No	12,650	59.01	3.45	16.01	20.33	1.20	1,380
	<i>629</i>	<i>0.83</i>	<i>0.74</i>	<i>0.47</i>	<i>1.79</i>	<i>0.19</i>	<i>59</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,692	0.12	1.83	14.30	81.95	1.80	\$160
	<i>102</i>	<i>0.05</i>	<i>0.27</i>	<i>0.37</i>	<i>0.15</i>	<i>0.18</i>	<i>3</i>
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	3,369	0.12	1.27	14.92	82.12	1.57	178
	<i>71</i>	<i>0.07</i>	<i>0.21</i>	<i>0.53</i>	<i>1.02</i>	<i>0.33</i>	<i>4</i>
75 - 84 years	1,590	0.12	1.03	11.72	85.66	1.47	159
	<i>15</i>	<i>0.05</i>	<i>0.23</i>	<i>2.42</i>	<i>2.09</i>	<i>0.34</i>	<i>1</i>
85 years and older	270	0.15	0.90	9.74	88.16	1.05	100
	<i>4</i>	<i>0.14</i>	<i>0.22</i>	<i>3.12</i>	<i>3.52</i>	<i>0.34</i>	<i>2</i>
<b>Disabled</b>							
Under 45 years	123	0.00	15.61	25.36	52.99	6.04	92
	<i>20</i>	<i>0.00</i>	<i>1.74</i>	<i>7.11</i>	<i>7.38</i>	<i>2.40</i>	<i>15</i>
45 - 64 years	341	0.13	6.89	19.82	68.51	4.65	133
	<i>32</i>	<i>0.13</i>	<i>2.08</i>	<i>0.73</i>	<i>2.08</i>	<i>0.79</i>	<i>15</i>
<b>Gender</b>							
Male	2,383	0.09	1.45	17.09	78.78	2.59	152
	<i>6</i>	<i>0.00</i>	<i>0.25</i>	<i>0.82</i>	<i>0.51</i>	<i>0.43</i>	<i>0</i>
Female	3,309	0.14	2.11	12.29	84.24	1.23	167
	<i>107</i>	<i>0.08</i>	<i>0.31</i>	<i>0.16</i>	<i>0.27</i>	<i>0.11</i>	<i>5</i>
<b>Living Arrangement</b>							
Alone	1,310	0.05	2.85	13.55	81.85	1.71	155
	<i>101</i>	<i>0.03</i>	<i>0.43</i>	<i>2.68</i>	<i>2.65</i>	<i>0.23</i>	<i>13</i>
With spouse	3,707	0.05	0.68	14.92	82.76	1.59	181
	<i>9</i>	<i>0.01</i>	<i>0.05</i>	<i>1.08</i>	<i>1.01</i>	<i>0.22</i>	<i>2</i>
With children	356	0.23	4.65	12.11	80.03	2.98	98
	<i>37</i>	<i>0.16</i>	<i>1.23</i>	<i>2.10</i>	<i>1.90</i>	<i>0.93</i>	<i>10</i>
With others	319	1.03	7.95	12.64	75.09	3.29	108
	<i>29</i>	<i>0.82</i>	<i>3.03</i>	<i>1.26</i>	<i>4.04</i>	<i>1.32</i>	<i>9</i>

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,692	0.12	1.83	14.30	81.95	1.80	\$160
	<i>102</i>	<i>0.05</i>	<i>0.27</i>	<i>0.37</i>	<i>0.15</i>	<i>0.18</i>	<i>3</i>
<b>Race/Ethnicity</b>							
White non-Hispanic	5,156	0.08	1.01	13.80	83.52	1.59	175
	<i>149</i>	<i>0.01</i>	<i>0.01</i>	<i>0.80</i>	<i>0.73</i>	<i>0.23</i>	<i>4</i>
Black non-Hispanic	233	1.05	9.32	22.71	60.40	6.52	71
	<i>27</i>	<i>0.91</i>	<i>4.87</i>	<i>1.26</i>	<i>4.99</i>	<i>0.59</i>	<i>8</i>
Hispanic	168	0.03	11.00	12.01	74.41	2.55	80
	<i>51</i>	<i>0.00</i>	<i>1.09</i>	<i>5.27</i>	<i>5.55</i>	<i>0.31</i>	<i>17</i>
Other	134	0.23	8.52	22.08	68.62	0.54	206
	<i>50</i>	<i>0.68</i>	<i>3.21</i>	<i>13.30</i>	<i>10.17</i>	<i>0.23</i>	<i>61</i>
<b>Income</b>							
Less than \$2,500	76	0.02	3.32	9.35	81.41	5.91	94
	<i>10</i>	<i>0.01</i>	<i>1.00</i>	<i>3.31</i>	<i>8.42</i>	<i>4.81</i>	<i>13</i>
\$2,500 - \$4,999	71	0.11	6.85	3.92	86.63	2.50	74
	<i>27</i>	<i>0.13</i>	<i>1.98</i>	<i>3.13</i>	<i>1.69</i>	<i>1.66</i>	<i>19</i>
\$5,000 - \$7,499	219	1.02	24.07	2.90	68.25	3.76	46
	<i>16</i>	<i>1.09</i>	<i>1.18</i>	<i>1.15</i>	<i>2.32</i>	<i>0.98</i>	<i>4</i>
\$7,500 - \$9,999	401	0.19	6.26	9.76	82.69	1.09	92
	<i>32</i>	<i>0.17</i>	<i>1.88</i>	<i>1.01</i>	<i>1.96</i>	<i>0.72</i>	<i>9</i>
\$10,000 - \$14,999	880	0.09	1.71	14.13	83.16	0.92	135
	<i>53</i>	<i>0.09</i>	<i>0.89</i>	<i>3.82</i>	<i>3.72</i>	<i>0.40</i>	<i>8</i>
\$15,000 - \$19,999	630	0.04	0.34	11.01	87.22	1.39	144
	<i>54</i>	<i>0.03</i>	<i>0.24</i>	<i>1.73</i>	<i>2.03</i>	<i>0.13</i>	<i>12</i>
\$20,000 - \$24,999	757	0.08	0.20	13.70	84.01	2.02	193
	<i>47</i>	<i>0.06</i>	<i>0.21</i>	<i>0.39</i>	<i>1.09</i>	<i>0.96</i>	<i>11</i>
\$25,000 - \$29,999	361	0.09	0.02	14.27	84.46	1.17	163
	<i>13</i>	<i>0.06</i>	<i>0.02</i>	<i>2.87</i>	<i>2.13</i>	<i>0.79</i>	<i>12</i>
\$30,000 or more	2,297	0.07	0.01	17.84	80.03	2.05	304
	<i>134</i>	<i>0.01</i>	<i>0.02</i>	<i>1.78</i>	<i>1.52</i>	<i>0.80</i>	<i>2</i>

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,692	0.12	1.83	14.30	81.95	1.80	\$160
	<i>102</i>	<i>0.05</i>	<i>0.27</i>	<i>0.37</i>	<i>0.15</i>	<i>0.18</i>	<i>3</i>
<b>Health Status</b>							
Excellent	1,220	0.01	0.56	16.11	80.90	2.43	211
	<i>75</i>	<i>0.00</i>	<i>0.15</i>	<i>2.55</i>	<i>2.04</i>	<i>0.66</i>	<i>13</i>
Very good	1,712	0.08	1.04	12.47	85.46	0.95	187
	<i>79</i>	<i>0.04</i>	<i>0.35</i>	<i>2.40</i>	<i>2.23</i>	<i>0.28</i>	<i>10</i>
Good	1,728	0.23	1.75	15.22	80.62	2.19	158
	<i>145</i>	<i>0.15</i>	<i>0.16</i>	<i>1.87</i>	<i>2.24</i>	<i>0.34</i>	<i>13</i>
Fair	751	0.05	5.39	11.22	81.55	1.78	116
	<i>62</i>	<i>0.02</i>	<i>1.55</i>	<i>1.70</i>	<i>0.90</i>	<i>1.08</i>	<i>11</i>
Poor	274	0.32	3.03	20.04	74.67	1.94	89
	<i>66</i>	<i>0.09</i>	<i>1.39</i>	<i>3.19</i>	<i>4.44</i>	<i>1.27</i>	<i>24</i>
<b>Functional Limitation</b>							
None	3,775	0.07	1.15	14.38	82.94	1.46	187
	<i>114</i>	<i>0.00</i>	<i>0.12</i>	<i>0.48</i>	<i>0.44</i>	<i>0.14</i>	<i>6</i>
IADL only <sup>4</sup>	1,073	0.10	2.90	14.19	81.51	1.30	136
	<i>41</i>	<i>0.04</i>	<i>0.54</i>	<i>0.86</i>	<i>0.83</i>	<i>0.57</i>	<i>4</i>
One to two ADLs <sup>5</sup>	602	0.50	2.67	14.72	77.96	4.15	125
	<i>32</i>	<i>0.52</i>	<i>1.20</i>	<i>1.91</i>	<i>1.34</i>	<i>1.70</i>	<i>7</i>
Three to five ADLs	242	0.01	5.57	12.49	78.51	3.43	93
	<i>36</i>	<i>0.00</i>	<i>2.86</i>	<i>1.51</i>	<i>4.09</i>	<i>2.54</i>	<i>13</i>

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$5,692	0.12	1.83	14.30	81.95	1.80	\$160
	<i>102</i>	<i>0.05</i>	<i>0.27</i>	<i>0.37</i>	<i>0.15</i>	<i>0.18</i>	<i>3</i>
<b>Metropolitan Area Resident</b>							
Yes	4,688	0.13	1.95	14.74	81.25	1.92	178
	<i>109</i>	<i>0.06</i>	<i>0.33</i>	<i>0.44</i>	<i>0.34</i>	<i>0.19</i>	<i>4</i>
No	1,003	0.04	1.27	12.24	85.23	1.22	109
	<i>87</i>	<i>0.03</i>	<i>0.14</i>	<i>1.13</i>	<i>0.91</i>	<i>0.11</i>	<i>9</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$19,039	0.08	12.10	27.68	51.91	8.23	\$536
	<i>282</i>	<i>0.02</i>	<i>0.58</i>	<i>0.76</i>	<i>0.13</i>	<i>0.29</i>	<i>8</i>
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	9,268	0.10	8.39	32.24	51.23	8.03	491
	<i>137</i>	<i>0.05</i>	<i>0.17</i>	<i>0.73</i>	<i>0.72</i>	<i>0.76</i>	<i>9</i>
75 - 84 years	5,600	0.06	8.99	24.80	58.14	8.02	560
	<i>141</i>	<i>0.01</i>	<i>0.89</i>	<i>1.08</i>	<i>2.06</i>	<i>0.51</i>	<i>15</i>
85 years and older	1,402	0.05	15.50	19.10	59.83	5.52	518
	<i>46</i>	<i>0.01</i>	<i>2.24</i>	<i>0.92</i>	<i>1.97</i>	<i>0.87</i>	<i>11</i>
<b>Disabled</b>							
Under 45 years	754	0.02	44.23	16.57	30.05	9.12	564
	<i>57</i>	<i>0.00</i>	<i>2.14</i>	<i>0.87</i>	<i>2.03</i>	<i>1.67</i>	<i>38</i>
45 - 64 years	2,014	0.04	23.44	24.85	40.37	11.31	785
	<i>87</i>	<i>0.01</i>	<i>0.84</i>	<i>1.96</i>	<i>1.69</i>	<i>2.60</i>	<i>27</i>
<b>Gender</b>							
Male	7,960	0.09	8.60	30.38	50.21	10.72	509
	<i>131</i>	<i>0.04</i>	<i>0.44</i>	<i>0.79</i>	<i>0.20</i>	<i>1.09</i>	<i>9</i>
Female	11,079	0.06	14.62	25.74	53.13	6.45	558
	<i>161</i>	<i>0.03</i>	<i>0.69</i>	<i>1.02</i>	<i>0.34</i>	<i>0.57</i>	<i>8</i>
<b>Living Arrangement</b>							
Alone	4,429	0.08	16.38	22.87	51.45	9.21	524
	<i>49</i>	<i>0.05</i>	<i>1.72</i>	<i>1.15</i>	<i>1.81</i>	<i>0.15</i>	<i>17</i>
With spouse	10,924	0.09	4.39	33.49	54.55	7.49	534
	<i>284</i>	<i>0.03</i>	<i>0.62</i>	<i>1.02</i>	<i>0.71</i>	<i>0.72</i>	<i>13</i>
With children	2,093	0.03	30.88	16.11	44.25	8.73	574
	<i>87</i>	<i>0.01</i>	<i>2.56</i>	<i>2.41</i>	<i>0.77</i>	<i>1.67</i>	<i>26</i>
With others	1,593	0.03	28.43	16.42	45.13	9.99	537
	<i>4</i>	<i>0.02</i>	<i>2.47</i>	<i>1.11</i>	<i>1.05</i>	<i>2.88</i>	<i>4</i>

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$19,039	0.08	12.10	27.68	51.91	8.23	\$536
	<i>282</i>	<i>0.02</i>	<i>0.58</i>	<i>0.76</i>	<i>0.13</i>	<i>0.29</i>	<i>8</i>
<b>Race/Ethnicity</b>							
White non-Hispanic	16,067	0.08	7.71	29.92	54.31	7.98	546
	<i>269</i>	<i>0.02</i>	<i>0.82</i>	<i>1.03</i>	<i>0.17</i>	<i>0.61</i>	<i>7</i>
Black non-Hispanic	1,654	0.01	35.38	16.54	36.86	11.21	506
	<i>73</i>	<i>0.00</i>	<i>2.81</i>	<i>1.08</i>	<i>1.73</i>	<i>2.15</i>	<i>21</i>
Hispanic	1,062	0.06	36.80	13.60	42.16	7.38	508
	<i>69</i>	<i>0.01</i>	<i>6.37</i>	<i>3.82</i>	<i>3.66</i>	<i>1.02</i>	<i>34</i>
Other	219	0.01	37.42	17.49	35.08	10.00	338
	<i>55</i>	<i>0.01</i>	<i>3.60</i>	<i>5.47</i>	<i>6.04</i>	<i>2.57</i>	<i>81</i>
<b>Income</b>							
Less than \$2,500	501	0.19	22.98	22.42	43.94	10.46	619
	<i>22</i>	<i>0.17</i>	<i>10.64</i>	<i>2.82</i>	<i>3.03</i>	<i>5.74</i>	<i>40</i>
\$2,500 - \$4,999	438	0.16	31.73	10.05	54.13	3.93	458
	<i>74</i>	<i>0.09</i>	<i>6.92</i>	<i>2.98</i>	<i>7.06</i>	<i>2.71</i>	<i>40</i>
\$5,000 - \$7,499	2,686	0.02	48.86	6.16	34.75	10.21	560
	<i>127</i>	<i>0.01</i>	<i>1.42</i>	<i>0.43</i>	<i>0.99</i>	<i>2.44</i>	<i>24</i>
\$7,500 - \$9,999	2,275	0.14	20.48	16.15	52.37	10.85	520
	<i>158</i>	<i>0.11</i>	<i>0.29</i>	<i>2.31</i>	<i>1.98</i>	<i>0.58</i>	<i>27</i>
\$10,000 - \$14,999	3,637	0.03	6.09	24.52	57.92	11.45	557
	<i>97</i>	<i>0.02</i>	<i>0.49</i>	<i>0.39</i>	<i>2.15</i>	<i>2.65</i>	<i>6</i>
\$15,000 - \$19,999	2,356	0.05	1.52	32.28	61.28	4.86	540
	<i>88</i>	<i>0.04</i>	<i>0.76</i>	<i>1.34</i>	<i>1.58</i>	<i>0.17</i>	<i>8</i>
\$20,000 - \$24,999	1,986	0.07	0.36	36.35	56.72	6.50	507
	<i>39</i>	<i>0.06</i>	<i>0.13</i>	<i>0.91</i>	<i>0.30</i>	<i>0.64</i>	<i>8</i>
\$25,000 - \$29,999	1,244	0.18	0.47	41.38	53.52	4.45	563
	<i>70</i>	<i>0.13</i>	<i>0.45</i>	<i>1.81</i>	<i>2.37</i>	<i>0.79</i>	<i>14</i>
\$30,000 or more	3,915	0.08	0.03	43.20	50.02	6.68	519
	<i>297</i>	<i>0.06</i>	<i>0.01</i>	<i>1.76</i>	<i>1.77</i>	<i>0.63</i>	<i>20</i>

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$19,039	0.08	12.10	27.68	51.91	8.23	\$536
	<i>282</i>	<i>0.02</i>	<i>0.58</i>	<i>0.76</i>	<i>0.13</i>	<i>0.29</i>	<i>8</i>
<b>Health Status</b>							
Excellent	1,646	0.03	5.80	31.58	55.11	7.48	285
	<i>122</i>	<i>0.02</i>	<i>1.10</i>	<i>2.36</i>	<i>1.72</i>	<i>0.32</i>	<i>15</i>
Very good	3,763	0.03	6.57	32.06	53.78	7.56	411
	<i>109</i>	<i>0.01</i>	<i>1.89</i>	<i>1.01</i>	<i>1.56</i>	<i>1.02</i>	<i>8</i>
Good	5,732	0.12	10.37	29.06	53.29	7.16	524
	<i>290</i>	<i>0.05</i>	<i>1.30</i>	<i>1.99</i>	<i>2.16</i>	<i>0.76</i>	<i>21</i>
Fair	5,009	0.03	16.05	24.76	50.25	8.91	770
	<i>139</i>	<i>0.02</i>	<i>1.81</i>	<i>1.37</i>	<i>0.54</i>	<i>1.22</i>	<i>12</i>
Poor	2,852	0.15	19.65	21.98	47.65	10.57	932
	<i>55</i>	<i>0.06</i>	<i>0.84</i>	<i>0.86</i>	<i>3.00</i>	<i>1.96</i>	<i>21</i>
<b>Functional Limitation</b>							
None	8,162	0.04	6.65	32.20	53.16	7.95	405
	<i>119</i>	<i>0.01</i>	<i>0.82</i>	<i>0.70</i>	<i>0.93</i>	<i>0.34</i>	<i>7</i>
IADL only <sup>4</sup>	5,143	0.04	16.20	24.27	50.56	8.93	652
	<i>65</i>	<i>0.00</i>	<i>0.95</i>	<i>1.92</i>	<i>1.75</i>	<i>0.48</i>	<i>9</i>
One to two ADLs <sup>5</sup>	3,456	0.22	13.87	26.47	52.45	6.99	717
	<i>65</i>	<i>0.11</i>	<i>1.53</i>	<i>1.72</i>	<i>0.94</i>	<i>1.12</i>	<i>19</i>
Three to five ADLs	2,274	0.08	19.73	21.00	49.62	9.57	876
	<i>163</i>	<i>0.04</i>	<i>2.01</i>	<i>1.81</i>	<i>1.80</i>	<i>1.80</i>	<i>60</i>

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$19,039	0.08	12.10	27.68	51.91	8.23	\$536
	<i>282</i>	<i>0.02</i>	<i>0.58</i>	<i>0.76</i>	<i>0.13</i>	<i>0.29</i>	<i>8</i>
<b>Metropolitan Area Resident</b>							
Yes	14,162	0.08	11.69	29.69	49.47	9.07	538
	<i>358</i>	<i>0.04</i>	<i>0.50</i>	<i>0.71</i>	<i>0.16</i>	<i>0.35</i>	<i>13</i>
No	4,871	0.07	13.30	21.81	59.03	5.79	531
	<i>86</i>	<i>0.03</i>	<i>1.14</i>	<i>1.06</i>	<i>0.26</i>	<i>0.20</i>	<i>5</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 3)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$74,208	6.20	44.92	1.25	32.93	14.70	\$26,847
	<i>2,383</i>	<i>0.31</i>	<i>1.60</i>	<i>0.19</i>	<i>2.02</i>	<i>1.24</i>	<i>887</i>
<b>Medicare Status<sup>4</sup></b>							
<b>Aged</b>							
65 - 74 years	9,609	7.53	43.71	1.62	19.45	27.70	26,464
	<i>2,341</i>	<i>1.51</i>	<i>4.06</i>	<i>0.21</i>	<i>8.79</i>	<i>6.99</i>	<i>5,801</i>
75 - 84 years	21,542	7.98	41.76	2.03	39.87	8.36	23,852
	<i>994</i>	<i>0.23</i>	<i>1.49</i>	<i>0.30</i>	<i>0.98</i>	<i>0.91</i>	<i>819</i>
85 years and older	28,258	6.03	44.83	1.00	43.83	4.31	24,549
	<i>1,305</i>	<i>0.48</i>	<i>0.54</i>	<i>0.30</i>	<i>0.56</i>	<i>0.26</i>	<i>684</i>
<b>Disabled</b>							
Under 45 years	7,261	3.04	48.93	0.00	7.80	40.23	47,646
	<i>1,111</i>	<i>1.15</i>	<i>8.29</i>	<i>0.00</i>	<i>1.07</i>	<i>9.00</i>	<i>7,314</i>
45 - 64 years	7,539	3.12	52.03	0.70	13.58	30.57	38,771
	<i>1,097</i>	<i>1.06</i>	<i>7.28</i>	<i>0.24</i>	<i>1.00</i>	<i>7.81</i>	<i>4,330</i>
<b>Gender</b>							
Male	27,011	6.54	41.41	1.43	24.82	25.79	30,356
	<i>3,142</i>	<i>0.38</i>	<i>6.00</i>	<i>0.18</i>	<i>3.86</i>	<i>2.20</i>	<i>2,592</i>
Female	47,198	6.01	46.93	1.15	37.56	8.35	25,180
	<i>791</i>	<i>0.47</i>	<i>0.99</i>	<i>0.24</i>	<i>0.63</i>	<i>0.98</i>	<i>91</i>
<b>Race/Ethnicity</b>							
White non-Hispanic	64,303	6.01	43.36	1.41	35.13	14.10	26,612
	<i>3,010</i>	<i>0.12</i>	<i>1.53</i>	<i>0.22</i>	<i>3.01</i>	<i>1.49</i>	<i>1,086</i>
Black non-Hispanic	5,973	5.13	55.58	0.10	15.24	23.94	27,963
	<i>1,012</i>	<i>0.50</i>	<i>4.85</i>	<i>0.07</i>	<i>0.37</i>	<i>4.77</i>	<i>2,091</i>
Hispanic	1,796	7.66	59.63	0.00	17.45	15.26	32,006
	<i>176</i>	<i>2.05</i>	<i>10.08</i>	<i>0.00</i>	<i>5.47</i>	<i>12.60</i>	<i>6,152</i>
Other	1,124	22.79	45.09	1.38	20.34	10.39	24,349
	<i>257</i>	<i>9.27</i>	<i>10.96</i>	<i>0.86</i>	<i>8.00</i>	<i>5.86</i>	<i>1,163</i>

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 3)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$74,208	6.20	44.92	1.25	32.93	14.70	\$26,847
	<i>2,383</i>	<i>0.31</i>	<i>1.60</i>	<i>0.19</i>	<i>2.02</i>	<i>1.24</i>	<i>887</i>
<b>Income</b>							
Less than \$2,500	2,964	7.95	60.08	0.57	19.81	11.59	32,846
	<i>810</i>	<i>1.16</i>	<i>12.99</i>	<i>0.84</i>	<i>1.46</i>	<i>13.77</i>	<i>8,336</i>
\$2,500 - \$4,999	3,196	3.10	67.71	0.00	16.62	12.57	26,403
	<i>272</i>	<i>0.88</i>	<i>6.71</i>	<i>0.00</i>	<i>1.80</i>	<i>7.06</i>	<i>2,801</i>
\$5,000 - \$7,499	29,619	5.24	58.50	0.38	19.00	16.88	28,888
	<i>2,379</i>	<i>1.36</i>	<i>2.18</i>	<i>0.12</i>	<i>2.87</i>	<i>2.62</i>	<i>2,288</i>
\$7,500 - \$9,999	12,464	5.77	48.69	0.99	32.43	12.12	25,048
	<i>416</i>	<i>0.60</i>	<i>3.17</i>	<i>0.30</i>	<i>1.21</i>	<i>3.59</i>	<i>569</i>
\$10,000 - \$14,999	11,320	6.68	32.59	1.66	47.34	11.73	25,411
	<i>1,094</i>	<i>1.63</i>	<i>4.25</i>	<i>0.16</i>	<i>3.26</i>	<i>3.19</i>	<i>606</i>
\$15,000 - \$19,999	5,354	8.95	22.40	3.63	48.12	16.90	24,531
	<i>696</i>	<i>3.10</i>	<i>7.30</i>	<i>1.62</i>	<i>5.96</i>	<i>5.85</i>	<i>2,594</i>
\$20,000 - \$24,999	2,931	10.37	11.56	7.15	64.49	6.43	22,749
	<i>255</i>	<i>2.99</i>	<i>3.83</i>	<i>2.22</i>	<i>10.54</i>	<i>5.73</i>	<i>2,091</i>
\$25,000 - \$29,999	1,620	5.04	16.06	0.14	67.59	11.18	29,289
	<i>343</i>	<i>3.56</i>	<i>8.83</i>	<i>0.14</i>	<i>4.70</i>	<i>2.50</i>	<i>2,155</i>
\$30,000 or more	4,740	7.94	10.70	1.73	57.52	22.12	26,035
	<i>895</i>	<i>3.65</i>	<i>5.53</i>	<i>0.49</i>	<i>1.47</i>	<i>9.84</i>	<i>3,338</i>
<b>Health Status</b>							
Excellent	5,125	3.29	30.31	1.31	16.00	49.08	42,046
	<i>1,077</i>	<i>2.62</i>	<i>8.39</i>	<i>0.50</i>	<i>3.93</i>	<i>15.30</i>	<i>8,631</i>
Very good	9,107	5.81	47.37	1.70	27.78	17.35	27,272
	<i>1,056</i>	<i>0.70</i>	<i>3.16</i>	<i>0.79</i>	<i>4.26</i>	<i>4.71</i>	<i>2,526</i>
Good	22,948	5.54	46.62	1.05	34.24	12.55	29,161
	<i>1,626</i>	<i>0.52</i>	<i>4.24</i>	<i>0.13</i>	<i>4.03</i>	<i>3.07</i>	<i>327</i>
Fair	26,308	6.49	44.81	0.92	35.49	12.30	25,342
	<i>1,558</i>	<i>1.07</i>	<i>2.96</i>	<i>0.16</i>	<i>0.68</i>	<i>3.36</i>	<i>1,465</i>
Poor	10,618	8.64	46.49	2.10	36.29	6.47	22,352
	<i>590</i>	<i>1.22</i>	<i>3.38</i>	<i>0.33</i>	<i>2.11</i>	<i>0.28</i>	<i>492</i>

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 3)**

Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percent of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$74,208	6.20	44.92	1.25	32.93	14.70	\$26,847
	<i>2,383</i>	<i>0.31</i>	<i>1.60</i>	<i>0.19</i>	<i>2.02</i>	<i>1.24</i>	<i>887</i>
<b>Functional Limitation</b>							
None	811	43.84	2.93	8.71	22.83	21.70	12,870
	<i>292</i>	<i>8.74</i>	<i>4.06</i>	<i>3.85</i>	<i>2.61</i>	<i>8.99</i>	<i>3,169</i>
IADL only <sup>5</sup>	4,744	9.61	37.64	1.80	22.65	28.30	18,654
	<i>480</i>	<i>0.95</i>	<i>5.49</i>	<i>0.46</i>	<i>4.65</i>	<i>2.80</i>	<i>2,111</i>
One to two ADLs <sup>6</sup>	15,116	4.18	46.96	0.41	33.75	14.70	26,784
	<i>1,360</i>	<i>1.34</i>	<i>3.17</i>	<i>0.19</i>	<i>3.28</i>	<i>3.90</i>	<i>1,930</i>
Three to five ADLs	50,031	5.92	47.14	1.38	35.68	9.87	27,747
	<i>1,311</i>	<i>0.19</i>	<i>2.63</i>	<i>0.28</i>	<i>2.22</i>	<i>1.23</i>	<i>439</i>
<b>Metropolitan Area Resident</b>							
Yes	57,532	6.11	43.65	1.17	32.56	16.52	28,441
	<i>2,971</i>	<i>0.28</i>	<i>1.97</i>	<i>0.15</i>	<i>1.78</i>	<i>1.61</i>	<i>1,019</i>
No	16,676	6.53	49.33	1.53	34.20	8.41	22,495
	<i>716</i>	<i>1.53</i>	<i>0.85</i>	<i>0.56</i>	<i>3.36</i>	<i>0.86</i>	<i>294</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, and facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year. However, in contrast with table 4.1, facility expenditures in table 4.7 do not include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.
- 4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 5 *IADL* stands for Instrumental Activity of Daily Living.
- 6 *ADL* stands for Activity of Daily Living.

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,711	\$4,550	\$8,051	\$5,350	\$5,694	\$6,195
	<i>138</i>	<i>492</i>	<i>470</i>	<i>184</i>	<i>219</i>	<i>616</i>
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	4,975	4,438	7,688	4,648	4,816	5,935
	<i>215</i>	<i>999</i>	<i>897</i>	<i>285</i>	<i>266</i>	<i>992</i>
75 - 84 years	6,328	4,813	8,841	6,010	6,760	5,651
	<i>191</i>	<i>545</i>	<i>609</i>	<i>290</i>	<i>431</i>	<i>701</i>
85 years and older	7,445	5,041	8,264	7,009	8,515	9,244
	<i>377</i>	<i>702</i>	<i>903</i>	<i>456</i>	<i>1,014</i>	<i>1,838</i>
<b>Disabled</b>						
Under 45 years	6,227	3,688	7,177	2,304	5,633	10,335
	<i>562</i>	<i>747</i>	<i>805</i>	<i>673</i>	<i>1,012</i>	<i>1,157</i>
45 - 64 years	6,618	4,745	8,549	5,788	6,975	8,037
	<i>497</i>	<i>513</i>	<i>1,345</i>	<i>832</i>	<i>812</i>	<i>1,879</i>
<b>Gender</b>						
Male	5,788	4,358	6,886	5,802	6,210	6,218
	<i>180</i>	<i>317</i>	<i>678</i>	<i>327</i>	<i>359</i>	<i>1,015</i>
Female	5,649	4,804	8,760	5,071	5,244	6,176
	<i>208</i>	<i>1,145</i>	<i>630</i>	<i>284</i>	<i>262</i>	<i>734</i>
<b>Living Arrangement</b>						
Alone	5,446	3,919	6,987	5,117	5,318	8,401
	<i>216</i>	<i>430</i>	<i>665</i>	<i>357</i>	<i>358</i>	<i>1,475</i>
With spouse	5,509	4,726	8,317	5,298	5,729	5,066
	<i>196</i>	<i>988</i>	<i>957</i>	<i>267</i>	<i>271</i>	<i>673</i>
With children	6,985	4,839	10,228	6,341	5,454	4,676
	<i>444</i>	<i>777</i>	<i>1,263</i>	<i>693</i>	<i>622</i>	<i>880</i>
With others	6,285	4,732	6,986	5,596	7,133	11,127
	<i>380</i>	<i>788</i>	<i>667</i>	<i>573</i>	<i>1,221</i>	<i>3,325</i>

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,711	\$4,550	\$8,051	\$5,350	\$5,694	\$6,195
	<i>138</i>	<i>492</i>	<i>470</i>	<i>184</i>	<i>219</i>	<i>616</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	5,616	4,737	8,319	5,380	5,568	6,362
	<i>152</i>	<i>740</i>	<i>755</i>	<i>188</i>	<i>226</i>	<i>668</i>
Black non-Hispanic	6,622	4,648	8,208	3,911	8,241	2,782
	<i>434</i>	<i>545</i>	<i>640</i>	<i>672</i>	<i>1,410</i>	<i>639</i>
Hispanic	5,995	3,452	7,615	6,674	5,862	2,788
	<i>639</i>	<i>818</i>	<i>1,208</i>	<i>1,075</i>	<i>1,490</i>	<i>1,624</i>
Other	4,364	3,089	5,722	3,456	2,927	15,824
	<i>560</i>	<i>838</i>	<i>1,198</i>	<i>872</i>	<i>940</i>	<i>11,162</i>
<b>Income</b>						
Less than \$2,500	6,544	3,913	7,274	6,307	9,080	9,205
	<i>739</i>	<i>1,048</i>	<i>1,484</i>	<i>1,542</i>	<i>2,081</i>	<i>4,469</i>
\$2,500 - \$4,999	8,142	14,934	5,967	5,546	9,253	24,549
	<i>2,049</i>	<i>10,911</i>	<i>839</i>	<i>1,395</i>	<i>3,999</i>	<i>16,483</i>
\$5,000 - \$7,499	5,984	3,520	7,364	4,958	4,196	5,753
	<i>311</i>	<i>466</i>	<i>515</i>	<i>631</i>	<i>645</i>	<i>3,087</i>
\$7,500 - \$9,999	6,242	3,660	9,803	5,550	6,315	8,877
	<i>372</i>	<i>485</i>	<i>954</i>	<i>474</i>	<i>784</i>	<i>5,030</i>
\$10,000 - \$14,999	6,024	4,724	10,315	5,080	6,832	6,735
	<i>342</i>	<i>596</i>	<i>2,334</i>	<i>361</i>	<i>638</i>	<i>1,415</i>
\$15,000 - \$19,999	5,516	5,052	5,865	5,655	5,771	5,918
	<i>346</i>	<i>1,026</i>	<i>1,489</i>	<i>567</i>	<i>549</i>	<i>1,394</i>
\$20,000 - \$24,999	5,187	3,552	19,035	4,875	5,486	4,127
	<i>358</i>	<i>635</i>	<i>8,496</i>	<i>491</i>	<i>645</i>	<i>718</i>
\$25,000 - \$29,999	5,069	3,221	8,450	5,358	5,486	4,572
	<i>430</i>	<i>1,244</i>	<i>4,147</i>	<i>741</i>	<i>789</i>	<i>1,142</i>
\$30,000 or more	5,132	5,197	5,313	5,586	4,923	6,140
	<i>240</i>	<i>836</i>	<i>2,068</i>	<i>589</i>	<i>327</i>	<i>853</i>

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,711	\$4,550	\$8,051	\$5,350	\$5,694	\$6,195
	<i>138</i>	<i>492</i>	<i>470</i>	<i>184</i>	<i>219</i>	<i>616</i>
<b>Health Status</b>						
Excellent	2,823	1,564	3,784	2,794	2,731	3,091
	<i>149</i>	<i>364</i>	<i>559</i>	<i>280</i>	<i>250</i>	<i>1,015</i>
Very good	3,732	2,820	5,328	3,454	3,710	4,381
	<i>198</i>	<i>374</i>	<i>1,340</i>	<i>227</i>	<i>337</i>	<i>1,108</i>
Good	4,797	3,434	5,130	4,834	5,163	5,536
	<i>136</i>	<i>379</i>	<i>377</i>	<i>269</i>	<i>302</i>	<i>691</i>
Fair	8,312	5,518	8,449	8,571	9,345	10,856
	<i>334</i>	<i>657</i>	<i>624</i>	<i>541</i>	<i>813</i>	<i>1,922</i>
Poor	14,711	10,748	16,044	15,737	16,214	16,744
	<i>1,055</i>	<i>3,384</i>	<i>2,025</i>	<i>2,075</i>	<i>1,555</i>	<i>5,235</i>
<b>Functional Limitation</b>						
None	3,420	2,133	4,311	3,366	3,423	4,132
	<i>90</i>	<i>193</i>	<i>356</i>	<i>163</i>	<i>150</i>	<i>513</i>
IADL only <sup>4</sup>	6,470	5,411	7,774	6,401	6,680	5,720
	<i>253</i>	<i>532</i>	<i>754</i>	<i>398</i>	<i>449</i>	<i>833</i>
One to two ADLs <sup>5</sup>	7,881	4,960	7,829	7,291	9,266	13,107
	<i>401</i>	<i>630</i>	<i>971</i>	<i>513</i>	<i>787</i>	<i>3,098</i>
Three to five ADLs	17,079	15,259	17,733	17,148	18,911	16,550
	<i>1,237</i>	<i>5,019</i>	<i>2,128</i>	<i>1,996</i>	<i>2,173</i>	<i>4,685</i>

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$5,711	\$4,550	\$8,051	\$5,350	\$5,694	\$6,195
	<i>138</i>	<i>492</i>	<i>470</i>	<i>184</i>	<i>219</i>	<i>616</i>
<b>Metropolitan Area Resident</b>						
Yes	5,938	4,770	8,408	5,916	5,723	6,562
	<i>173</i>	<i>698</i>	<i>558</i>	<i>250</i>	<i>251</i>	<i>778</i>
No	5,077	4,078	7,250	4,246	5,619	4,903
	<i>202</i>	<i>341</i>	<i>832</i>	<i>225</i>	<i>526</i>	<i>677</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but their expenditures are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,521	\$12,479	\$12,216	\$10,663	\$12,613	\$11,714
	<i>638</i>	<i>1,904</i>	<i>178</i>	<i>236</i>	<i>917</i>	<i>1,891</i>
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	12,763	17,924	13,967	11,488	13,420	13,577
	<i>1,071</i>	<i>6,174</i>	<i>977</i>	<i>425</i>	<i>1,409</i>	<i>1,913</i>
75 - 84 years	10,316	9,545	10,549	10,344	11,863	9,410
	<i>262</i>	<i>999</i>	<i>357</i>	<i>536</i>	<i>740</i>	<i>1,975</i>
85 years and older	9,318	6,328	9,163	9,385	10,395	11,452
	<i>168</i>	<i>841</i>	<i>667</i>	<i>1,565</i>	<i>1,461</i>	<i>1,930</i>
<b>Disabled</b>						
Under 45 years	14,784	8,989	15,759	4,243	11,546	6,006
	<i>716</i>	<i>1,347</i>	<i>1,406</i>	<i>350</i>	<i>1,907</i>	<i>752</i>
45 - 64 years	11,477	11,004	10,904	9,116	14,022	9,273
	<i>1,289</i>	<i>539</i>	<i>859</i>	<i>1,680</i>	<i>2,950</i>	<i>9,062</i>
<b>Gender</b>						
Male	12,549	11,245	12,257	11,746	15,346	12,457
	<i>372</i>	<i>294</i>	<i>393</i>	<i>628</i>	<i>1,157</i>	<i>4,179</i>
Female	10,687	14,317	12,195	9,903	10,180	11,149
	<i>838</i>	<i>4,773</i>	<i>255</i>	<i>844</i>	<i>757</i>	<i>1,225</i>
<b>Living Arrangement</b>						
Alone	10,094	8,593	11,005	10,302	10,495	13,679
	<i>507</i>	<i>617</i>	<i>1,629</i>	<i>306</i>	<i>719</i>	<i>3,588</i>
With spouse	12,382	16,116	13,052	11,262	13,464	10,506
	<i>981</i>	<i>4,913</i>	<i>947</i>	<i>263</i>	<i>1,399</i>	<i>2,132</i>
With children	11,297	11,300	13,001	9,969	9,722	7,033
	<i>1,153</i>	<i>3,254</i>	<i>1,255</i>	<i>990</i>	<i>1,583</i>	<i>2,080</i>
With others	10,760	10,031	11,660	8,173	13,351	14,729
	<i>1,514</i>	<i>1,215</i>	<i>778</i>	<i>1,593</i>	<i>3,226</i>	<i>3,081</i>

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,521	\$12,479	\$12,216	\$10,663	\$12,613	\$11,714
	638	1,904	178	236	917	1,891
<b>Race/Ethnicity</b>						
White non-Hispanic	11,448	13,106	12,488	10,762	12,302	11,662
	624	2,643	431	221	677	2,027
Black non-Hispanic	12,838	11,419	11,766	8,255	18,536	9,629
	889	2,421	866	1,114	3,764	3,994
Hispanic	11,334	13,304	12,338	10,502	9,992	5,022
	1,129	2,250	322	3,896	3,131	0
Other	8,251	4,278	10,716	6,068	6,317	22,177
	1,439	404	2,850	2,940	2,608	0
<b>Income</b>						
Less than \$2,500	10,425	9,155	8,098	12,380	12,856	15,188
	2,285	642	1,732	5,848	4,262	0
\$2,500 - \$4,999	18,374	66,577	11,472	8,164	19,927	18,510
	7,763	46,591	1,813	1,840	12,332	8,216
\$5,000 - \$7,499	10,568	8,426	11,721	10,481	6,888	5,378
	845	1,495	1,070	1,467	1,040	44
\$7,500 - \$9,999	11,493	9,401	12,666	10,448	13,096	26,898
	554	1,310	1,335	860	1,807	17,194
\$10,000 - \$14,999	11,216	11,357	15,975	9,705	12,686	8,162
	184	1,491	2,149	727	1,229	1,870
\$15,000 - \$19,999	12,824	18,609	6,421	12,872	13,595	9,740
	746	4,418	1,906	1,089	1,957	2,174
\$20,000 - \$24,999	11,777	7,577	28,504	8,633	14,926	9,960
	891	1,476	23,347	471	1,407	2,964
\$25,000 - \$29,999	10,585	9,027	11,595	10,484	12,093	6,519
	2,722	1,395	2,196	2,771	3,298	2,331
\$30,000 or more	10,987	10,747	7,645	11,822	11,023	13,412
	1,040	1,197	1,704	1,798	2,226	1,016

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,521	\$12,479	\$12,216	\$10,663	\$12,613	\$11,714
	<i>638</i>	<i>1,904</i>	<i>178</i>	<i>236</i>	<i>917</i>	<i>1,891</i>
<b>Health Status</b>						
Excellent	9,179	11,343	8,445	8,631	9,463	21,152
	<i>583</i>	<i>3,278</i>	<i>1,046</i>	<i>\$97</i>	<i>1,298</i>	<i>10,340</i>
Very good	9,919	9,108	9,479	8,975	10,970	15,655
	<i>1,064</i>	<i>3,383</i>	<i>1,768</i>	<i>1,502</i>	<i>1,117</i>	<i>8,031</i>
Good	9,476	8,080	8,182	9,813	11,375	9,653
	<i>161</i>	<i>1,237</i>	<i>347</i>	<i>80</i>	<i>508</i>	<i>1,091</i>
Fair	11,885	12,239	11,277	10,845	13,689	12,395
	<i>885</i>	<i>406</i>	<i>787</i>	<i>579</i>	<i>2,216</i>	<i>997</i>
Poor	16,446	20,468	18,032	15,338	16,669	8,517
	<i>1,286</i>	<i>8,517</i>	<i>1,499</i>	<i>1,344</i>	<i>1,108</i>	<i>2,145</i>
<b>Functional Limitation</b>						
None	9,260	8,086	9,050	9,476	9,969	11,144
	<i>409</i>	<i>1,161</i>	<i>163</i>	<i>533</i>	<i>274</i>	<i>3,766</i>
IADL only <sup>4</sup>	11,024	12,308	12,968	9,899	11,369	8,303
	<i>614</i>	<i>823</i>	<i>2,085</i>	<i>956</i>	<i>1,281</i>	<i>1,173</i>
One to two ADLs <sup>5</sup>	12,102	10,344	11,913	9,184	16,250	15,969
	<i>1,051</i>	<i>2,295</i>	<i>2,786</i>	<i>1,118</i>	<i>1,560</i>	<i>6,143</i>
Three to five ADLs	16,060	20,943	14,091	17,377	16,433	13,289
	<i>1,594</i>	<i>10,350</i>	<i>934</i>	<i>2,327</i>	<i>2,013</i>	<i>1,165</i>

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$11,521	\$12,479	\$12,216	\$10,663	\$12,613	\$11,714
	<i>638</i>	<i>1,904</i>	<i>178</i>	<i>236</i>	<i>917</i>	<i>1,891</i>
<b>Metropolitan Area Resident</b>						
Yes	11,749	13,943	12,582	11,195	12,358	12,602
	<i>379</i>	<i>2,518</i>	<i>652</i>	<i>191</i>	<i>284</i>	<i>1,553</i>
No	10,881	9,531	11,445	9,461	13,537	7,991
	<i>1,333</i>	<i>1,107</i>	<i>1,639</i>	<i>373</i>	<i>3,148</i>	<i>2,348</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but their expenditures are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$925	\$860	\$1,313	\$833	\$938	\$942
	19	36	150	31	55	143
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	864	778	1,333	865	834	962
	27	38	238	92	62	234
75 - 84 years	899	756	1,175	774	1,093	714
	20	140	352	70	51	119
85 years and older	670	526	439	703	682	1,290
	18	38	55	50	104	92
<b>Disabled</b>						
Under 45 years	1,661	1,287	1,730	624	1,694	212
	47	182	37	131	684	0
45 - 64 years	1,295	1,054	1,520	1,523	1,201	1,654
	36	161	113	423	91	737
<b>Gender</b>						
Male	1,012	935	1,415	1,007	1,026	913
	67	108	226	188	27	78
Female	859	751	1,258	724	867	963
	23	78	126	69	97	269
<b>Living Arrangement</b>						
Alone	860	736	1,210	708	884	1,024
	57	73	88	84	74	284
With spouse	907	936	1,401	847	964	869
	22	24	165	107	56	136
With children	955	719	1,375	793	685	711
	103	191	277	66	45	269
With others	1,198	953	1,285	1,292	1,229	1,710
	106	161	376	521	204	464

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$925	\$860	\$1,313	\$833	\$938	\$942
	<i>19</i>	<i>36</i>	<i>150</i>	<i>31</i>	<i>55</i>	<i>143</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	875	789	1218	837	909	958
	<i>17</i>	<i>42</i>	<i>234</i>	<i>23</i>	<i>21</i>	<i>151</i>
Black non-Hispanic	1,083	852	1,258	1,117	1,019	326
	<i>54</i>	<i>75</i>	<i>117</i>	<i>285</i>	<i>147</i>	<i>283</i>
Hispanic	1,315	1,152	1,563	644	1,681	1,117
	<i>194</i>	<i>309</i>	<i>342</i>	<i>91</i>	<i>1,366</i>	<i>408</i>
Other	1,247	1,885	1,742	257	1,304	1,146
	<i>339</i>	<i>761</i>	<i>290</i>	<i>92</i>	<i>690</i>	<i>260</i>
<b>Income</b>						
Less than \$2,500	1,183	1,645	845	1,456	914	3,191
	<i>103</i>	<i>575</i>	<i>170</i>	<i>542</i>	<i>327</i>	<i>1,730</i>
\$2,500 - \$4,999	919	1,168	900	724	1,005	1,237
	<i>139</i>	<i>730</i>	<i>165</i>	<i>156</i>	<i>310</i>	<i>509</i>
\$5,000 - \$7,499	903	588	1,092	612	598	749
	<i>168</i>	<i>139</i>	<i>270</i>	<i>79</i>	<i>144</i>	<i>53</i>
\$7,500 - \$9,999	1,000	740	1,745	772	755	725
	<i>169</i>	<i>43</i>	<i>422</i>	<i>200</i>	<i>33</i>	<i>95</i>
\$10,000 - \$14,999	885	583	1,832	745	927	1,278
	<i>77</i>	<i>1</i>	<i>263</i>	<i>68</i>	<i>276</i>	<i>249</i>
\$15,000 - \$19,999	881	1,042	780	1,012	813	920
	<i>3</i>	<i>145</i>	<i>486</i>	<i>36</i>	<i>39</i>	<i>155</i>
\$20,000 - \$24,999	936	1,498	2,299	926	915	532
	<i>69</i>	<i>420</i>	<i>1,901</i>	<i>166</i>	<i>184</i>	<i>140</i>
\$25,000 - \$29,999	1,047	978	5,478	954	1,209	825
	<i>46</i>	<i>172</i>	<i>1,270</i>	<i>102</i>	<i>185</i>	<i>279</i>
\$30,000 or more	891	1,101	1,649	776	1,024	893
	<i>33</i>	<i>214</i>	<i>517</i>	<i>51</i>	<i>55</i>	<i>67</i>

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$925	\$860	\$1,313	\$833	\$938	\$942
	19	36	150	31	55	143
<b>Health Status</b>						
Excellent	576	488	748	579	599	624
	36	142	175	17	57	223
Very good	630	639	563	607	703	638
	26	134	75	40	20	58
Good	832	796	1,115	744	925	705
	15	112	104	86	52	83
Fair	1,083	949	1,135	1,016	1,126	1,728
	66	150	158	127	89	301
Poor	1,994	1,294	2,509	2,111	1,969	2,028
	11	399	549	317	572	1,058
<b>Functional Limitation</b>						
None	743	613	1,127	699	797	729
	40	4	294	92	40	42
IADL only <sup>4</sup>	1,096	1,101	1,495	1,029	999	957
	70	151	106	89	129	193
One to two ADLs <sup>5</sup>	1,073	883	1,079	994	1,249	1,380
	85	282	144	27	112	122
Three to five ADLs	1,291	1,290	1,604	929	1,299	1,962
	12	169	488	122	440	1,061

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$925	\$860	\$1,313	\$833	\$938	\$942
	<i>19</i>	<i>36</i>	<i>150</i>	<i>31</i>	<i>55</i>	<i>143</i>
<b>Metropolitan Area Resident</b>						
Yes	953	921	1,374	875	966	911
	<i>35</i>	<i>38</i>	<i>240</i>	<i>21</i>	<i>43</i>	<i>116</i>
No	850	735	1,176	756	838	1,039
	<i>47</i>	<i>25</i>	<i>277</i>	<i>107</i>	<i>86</i>	<i>217</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but their expenditures are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,767	\$1,449	\$2,185	\$1,842	\$1,863	\$2,276
	49	110	39	40	83	209
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	1,588	1,357	2,133	1,666	1,625	2,224
	59	163	136	18	129	463
75 - 84 years	1,963	1,428	2,464	2,064	2,230	2,023
	79	193	211	43	135	74
85 years and older	1,994	1,873	1,953	2,026	2,091	3,235
	29	502	141	162	170	684
<b>Disabled</b>						
Under 45 years	1,945	1,482	2,023	521	2,479	2,515
	138	108	209	43	770	364
45 - 64 years	1,945	1,524	2,204	1,974	2,131	3,188
	229	215	204	358	429	784
<b>Gender</b>						
Male	1,793	1,407	1,917	1,974	1,970	2,415
	34	48	75	81	115	378
Female	1,747	1,502	2,340	1,762	1,771	2,161
	61	239	78	89	59	110
<b>Living Arrangement</b>						
Alone	1,732	1,346	2,031	1,759	1,770	3,043
	49	46	66	78	72	313
With spouse	1,720	1,461	2,176	1,834	1,859	1,957
	57	141	92	35	97	404
With children	2,013	1,398	2,597	2,167	1,933	1,596
	137	222	142	223	275	235
With others	1,900	1,630	1,984	1,867	2,238	3,345
	151	326	334	444	352	129

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,767	\$1,449	\$2,185	\$1,842	\$1,863	\$2,276
	49	110	39	40	83	209
<b>Race/Ethnicity</b>						
White non-Hispanic	1,743	1,464	2,100	1,838	1,830	2,320
	65	186	118	41	87	186
Black non-Hispanic	1,897	1,423	2,201	1,533	2,502	1,263
	169	182	137	284	261	58
Hispanic	2,057	1,494	2,501	2,704	2,036	1,580
	25	419	139	244	497	209
Other	1,288	1,039	1,665	1,076	1,117	4,836
	149	294	289	485	331	1,177
<b>Income</b>						
Less than \$2,500	2,266	1,461	2,246	2,554	3,287	2,648
	357	302	486	378	800	1,125
\$2,500 - \$4,999	2,495	3,641	1,687	2,005	2,714	15,990
	494	2,545	102	127	648	11,749
\$5,000 - \$7,499	1,780	1,234	2,080	1,658	1,540	1,759
	46	118	76	147	151	960
\$7,500 - \$9,999	1,845	1,199	2,682	1,876	2,032	1,934
	77	184	174	185	221	317
\$10,000 - \$14,999	1,806	1,553	2,191	1,784	2,062	2,573
	50	183	251	141	140	208
\$15,000 - \$19,999	1,656	1,467	2,051	1,831	1,719	2,210
	20	118	532	142	58	500
\$20,000 - \$24,999	1,593	1,293	4,017	1,776	1,676	1,554
	78	53	2,758	157	101	99
\$25,000 - \$29,999	1,734	1,461	2,152	1,835	1,987	1,720
	347	991	1,114	435	486	458
\$30,000 or more	1,709	1,455	1,223	1,923	1,772	2,135
	111	103	139	249	92	251

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,767	\$1,449	\$2,185	\$1,842	\$1,863	\$2,276
	49	110	39	40	83	209
<b>Health Status</b>						
Excellent	1,055	667	1,346	1,261	1,069	1,375
	21	82	303	95	81	91
Very good	1,234	1,119	1,317	1,296	1,402	1,260
	24	65	44	44	50	161
Good	1,543	1,244	1,674	1,670	1,642	2,210
	73	127	199	52	55	107
Fair	2,474	1,604	2,443	2,764	2,875	3,245
	50	113	96	41	294	118
Poor	3,775	2,670	3,426	4,171	4,367	7,696
	243	956	166	206	496	4,988
<b>Functional Limitation</b>						
None	1,214	891	1,405	1,330	1,302	1,637
	36	58	71	41	53	97
IADL only <sup>4</sup>	1,979	1,644	2,091	2,205	2,251	1,918
	27	36	60	58	89	196
One to two ADLs <sup>5</sup>	2,426	1,507	2,182	2,396	2,895	4,677
	199	238	106	236	415	1,456
Three to five ADLs	3,966	3,631	4,043	4,161	4,200	5,619
	301	1,148	174	334	594	1,714

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,767	\$1,449	\$2,185	\$1,842	\$1,863	\$2,276
	<i>49</i>	<i>110</i>	<i>39</i>	<i>40</i>	<i>83</i>	<i>209</i>
<b>Metropolitan Area Resident</b>						
Yes	1,864	1,551	2,387	2,067	1,922	2,448
	<i>48</i>	<i>227</i>	<i>83</i>	<i>64</i>	<i>74</i>	<i>274</i>
No	1,487	1,224	1,700	1,398	1,642	1,680
	<i>56</i>	<i>136</i>	<i>234</i>	<i>46</i>	<i>111</i>	<i>32</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but their expenditures are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$629	\$526	\$766	\$583	\$684	\$718
	10	21	8	7	20	32
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	585	488	716	559	623	696
	12	34	11	17	20	13
75 - 84 years	637	543	746	610	716	639
	17	22	22	11	27	65
85 years and older	594	473	704	582	606	745
	12	69	53	12	13	57
<b>Disabled</b>						
Under 45 years	707	518	711	755	985	1,422
	54	58	59	235	32	738
45 - 64 years	908	618	1,003	680	1,136	1,866
	17	5	65	86	62	228
<b>Gender</b>						
Male	617	545	711	588	676	646
	10	55	20	10	15	17
Female	637	501	795	580	691	778
	11	26	9	12	25	47
<b>Living Arrangement</b>						
Alone	615	527	755	547	665	800
	21	84	39	26	25	100
With spouse	626	518	699	594	695	686
	13	50	61	31	23	14
With children	668	541	852	619	652	606
	27	39	16	47	49	168
With others	644	540	770	586	645	844
	12	66	16	52	33	97

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$629	\$526	\$766	\$583	\$684	\$718
	<i>10</i>	<i>21</i>	<i>8</i>	<i>7</i>	<i>20</i>	<i>32</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	637	550	853	586	685	731
	<i>9</i>	<i>19</i>	<i>27</i>	<i>10</i>	<i>23</i>	<i>37</i>
Black non-Hispanic	617	493	725	551	667	584
	<i>24</i>	<i>33</i>	<i>27</i>	<i>105</i>	<i>49</i>	<i>73</i>
Hispanic	591	440	664	524	767	498
	<i>42</i>	<i>125</i>	<i>92</i>	<i>70</i>	<i>109</i>	<i>30</i>
Other	422	359	500	480	442	497
	<i>96</i>	<i>69</i>	<i>85</i>	<i>135</i>	<i>174</i>	<i>28</i>
<b>Income</b>						
Less than \$2,500	784	694	963	683	876	1,559
	<i>48</i>	<i>230</i>	<i>190</i>	<i>13</i>	<i>105</i>	<i>554</i>
\$2,500 - \$4,999	539	479	548	632	549	297
	<i>58</i>	<i>174</i>	<i>16</i>	<i>136</i>	<i>105</i>	<i>72</i>
\$5,000 - \$7,499	664	544	750	556	631	635
	<i>25</i>	<i>88</i>	<i>26</i>	<i>34</i>	<i>48</i>	<i>321</i>
\$7,500 - \$9,999	610	482	805	556	656	657
	<i>24</i>	<i>16</i>	<i>85</i>	<i>14</i>	<i>22</i>	<i>23</i>
\$10,000 - \$14,999	652	558	850	590	754	788
	<i>8</i>	<i>31</i>	<i>105</i>	<i>14</i>	<i>32</i>	<i>42</i>
\$15,000 - \$19,999	628	532	1,227	595	698	710
	<i>8</i>	<i>128</i>	<i>185</i>	<i>7</i>	<i>38</i>	<i>40</i>
\$20,000 - \$24,999	577	474	730	564	642	529
	<i>13</i>	<i>42</i>	<i>165</i>	<i>37</i>	<i>54</i>	<i>47</i>
\$25,000 - \$29,999	671	447	930	597	769	736
	<i>15</i>	<i>48</i>	<i>336</i>	<i>34</i>	<i>6</i>	<i>209</i>
\$30,000 or more	610	515	488	587	645	779
	<i>21</i>	<i>56</i>	<i>123</i>	<i>26</i>	<i>22</i>	<i>73</i>

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$629	\$526	\$766	\$583	\$684	\$718
	10	21	8	7	20	32
<b>Health Status</b>						
Excellent	386	309	490	379	428	371
	19	38	98	34	12	57
Very good	501	348	633	474	550	638
	8	28	90	21	3	32
Good	601	499	677	566	659	752
	26	44	22	2	41	72
Fair	825	678	805	797	963	889
	8	37	43	22	19	107
Poor	1,008	688	1,027	1,001	1,199	1,378
	10	73	88	91	63	213
<b>Functional Limitation</b>						
None	498	414	592	453	556	594
	11	13	18	5	13	24
IADL only <sup>4</sup>	728	644	826	712	778	814
	7	57	27	25	44	112
One to two ADLs <sup>5</sup>	783	544	803	739	914	982
	21	75	34	69	70	41
Three to five ADLs	954	682	971	962	1,128	1,008
	63	64	118	106	46	92

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total <sup>2</sup>	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$629	\$526	\$766	\$583	\$684	\$718
	<i>10</i>	<i>21</i>	<i>8</i>	<i>7</i>	<i>20</i>	<i>32</i>
<b>Metropolitan Area Resident</b>						
Yes	630	525	781	605	673	727
	<i>14</i>	<i>29</i>	<i>11</i>	<i>19</i>	<i>20</i>	<i>30</i>
No	628	532	734	539	731	686
	<i>3</i>	<i>25</i>	<i>9</i>	<i>40</i>	<i>23</i>	<i>62</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but their expenditures are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$11,521	\$9,942	\$139	\$897	\$331	\$211
	<i>638</i>	<i>497</i>	<i>14</i>	<i>150</i>	<i>8</i>	<i>30</i>
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	12,763	11,164	85	896	365	252
	<i>1,071</i>	<i>837</i>	<i>19</i>	<i>154</i>	<i>36</i>	<i>44</i>
75 - 84 years	10,316	9,155	85	713	228	134
	<i>262</i>	<i>247</i>	<i>7</i>	<i>16</i>	<i>19</i>	<i>31</i>
85 years and older	9,318	7,965	161	944	194	54
	<i>168</i>	<i>420</i>	<i>43</i>	<i>294</i>	<i>23</i>	<i>7</i>
<b>Disabled</b>						
Under 45 years	14,784	12,370	851	836	514	213
	<i>716</i>	<i>426</i>	<i>116</i>	<i>349</i>	<i>232</i>	<i>74</i>
45 - 64 years	11,477	8,332	301	1,624	690	530
	<i>1,289</i>	<i>565</i>	<i>43</i>	<i>693</i>	<i>93</i>	<i>180</i>
<b>Gender</b>						
Male	12,549	10,504	110	1,146	411	378
	<i>372</i>	<i>266</i>	<i>15</i>	<i>266</i>	<i>34</i>	<i>58</i>
Female	10,687	9,487	162	696	267	75
	<i>838</i>	<i>781</i>	<i>19</i>	<i>63</i>	<i>15</i>	<i>22</i>
<b>Marital Status</b>						
Married	12,323	10,515	58	1,136	359	255
	<i>924</i>	<i>725</i>	<i>9</i>	<i>194</i>	<i>39</i>	<i>64</i>
Widowed	9,792	8,804	144	541	228	76
	<i>236</i>	<i>168</i>	<i>18</i>	<i>66</i>	<i>37</i>	<i>26</i>
Divorced/separated	11,977	9,781	343	882	494	478
	<i>643</i>	<i>617</i>	<i>74</i>	<i>404</i>	<i>232</i>	<i>291</i>
Never married	12,394	10,864	445	665	344	76
	<i>2,033</i>	<i>2,191</i>	<i>43</i>	<i>115</i>	<i>105</i>	<i>54</i>

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$11,521	\$9,942	\$139	\$897	\$331	\$211
	<i>638</i>	<i>497</i>	<i>14</i>	<i>150</i>	<i>8</i>	<i>30</i>
<b>Race/Ethnicity</b>						
White non-Hispanic	11,448	9,926	94	955	284	188
	<i>624</i>	<i>482</i>	<i>16</i>	<i>155</i>	<i>18</i>	<i>24</i>
Black non-Hispanic	12,838	10,534	338	805	695	466
	<i>889</i>	<i>809</i>	<i>33</i>	<i>283</i>	<i>33</i>	<i>96</i>
Hispanic	11,334	10,059	372	419	396	87
	<i>1,129</i>	<i>1,273</i>	<i>53</i>	<i>152</i>	<i>111</i>	<i>27</i>
Other	8,251	7,372	318	212	205	144
	<i>1,439</i>	<i>1,210</i>	<i>146</i>	<i>97</i>	<i>85</i>	<i>61</i>
<b>Income</b>						
Less than \$2,500	10,425	8,989	247	780	307	102
	<i>2,285</i>	<i>1,863</i>	<i>164</i>	<i>281</i>	<i>71</i>	<i>56</i>
\$2,500 - \$4,999	18,374	17,354	299	383	276	62
	<i>7,763</i>	<i>7,706</i>	<i>54</i>	<i>109</i>	<i>110</i>	<i>17</i>
\$5,000 - \$7,499	10,568	9,326	504	296	264	177
	<i>845</i>	<i>906</i>	<i>59</i>	<i>26</i>	<i>81</i>	<i>28</i>
\$7,500 - \$9,999	11,493	10,323	202	492	304	172
	<i>554</i>	<i>525</i>	<i>41</i>	<i>117</i>	<i>39</i>	<i>116</i>
\$10,000 - \$14,999	11,216	9,552	55	817	422	370
	<i>184</i>	<i>481</i>	<i>13</i>	<i>68</i>	<i>92</i>	<i>172</i>
\$15,000 - \$19,999	12,824	11,067	12	1,194	349	202
	<i>746</i>	<i>1,045</i>	<i>4</i>	<i>197</i>	<i>67</i>	<i>127</i>
\$20,000 - \$24,999	11,777	9,550	22	1,614	516	75
	<i>891</i>	<i>375</i>	<i>22</i>	<i>546</i>	<i>79</i>	<i>62</i>
\$25,000 - \$29,999	10,585	8,670	8	1,524	229	154
	<i>2,722</i>	<i>2,297</i>	<i>9</i>	<i>482</i>	<i>89</i>	<i>52</i>
\$30,000 or more	10,987	9,346	1	1,172	235	233
	<i>1,040</i>	<i>1,014</i>	<i>1</i>	<i>249</i>	<i>19</i>	<i>95</i>

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$11,521	\$9,942	\$139	\$897	\$331	\$211
	<i>638</i>	<i>497</i>	<i>14</i>	<i>150</i>	<i>8</i>	<i>30</i>
<b>Health Status</b>						
Excellent	9,179	7,988	79	788	249	75
	<i>583</i>	<i>382</i>	<i>14</i>	<i>270</i>	<i>53</i>	<i>26</i>
Very good	9,919	8,379	66	854	354	266
	<i>1,064</i>	<i>780</i>	<i>13</i>	<i>186</i>	<i>132</i>	<i>106</i>
Good	9,476	8,195	79	734	288	180
	<i>161</i>	<i>273</i>	<i>6</i>	<i>154</i>	<i>9</i>	<i>50</i>
Fair	11,885	10,332	145	982	286	141
	<i>885</i>	<i>646</i>	<i>20</i>	<i>179</i>	<i>56</i>	<i>93</i>
Poor	16,446	14,179	307	1,114	472	375
	<i>1,286</i>	<i>993</i>	<i>34</i>	<i>250</i>	<i>152</i>	<i>104</i>
<b>Functional Limitation</b>						
None	9,260	8,059	81	748	248	123
	<i>409</i>	<i>242</i>	<i>8</i>	<i>125</i>	<i>32</i>	<i>33</i>
IADL only <sup>3</sup>	11,024	9,349	177	762	477	258
	<i>614</i>	<i>420</i>	<i>24</i>	<i>116</i>	<i>90</i>	<i>120</i>
One to two ADLs <sup>4</sup>	12,102	9,994	116	1,426	294	272
	<i>1,051</i>	<i>572</i>	<i>28</i>	<i>366</i>	<i>98</i>	<i>102</i>
Three to five ADLs	16,060	14,467	213	850	283	246
	<i>1,594</i>	<i>1,748</i>	<i>10</i>	<i>171</i>	<i>52</i>	<i>37</i>

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Inpatient Hospital Stay in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Expenditures per User</b>	\$11,521	\$9,942	\$139	\$897	\$331	\$211
	<i>638</i>	<i>497</i>	<i>14</i>	<i>150</i>	<i>8</i>	<i>30</i>
<b>Metropolitan Area Resident</b>						
Yes	11,749	10,246	122	884	302	195
	<i>379</i>	<i>284</i>	<i>2</i>	<i>156</i>	<i>34</i>	<i>27</i>
No	10,881	9,093	185	935	413	255
	<i>1,333</i>	<i>1,060</i>	<i>48</i>	<i>179</i>	<i>101</i>	<i>72</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$925	\$548	\$34	\$217	\$95	\$31
	19	28	4	6	5	5
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	864	495	24	222	89	35
	27	31	5	11	4	7
75 - 84 years	899	545	21	229	86	18
	20	22	2	5	8	2
85 years and older	670	413	17	162	75	4
	18	12	1	7	9	1
<b>Disabled</b>						
Under 45 years	1,661	1,138	197	109	162	55
	47	37	12	17	56	17
45 - 64 years	1,295	736	86	242	156	76
	36	103	17	49	38	14
<b>Gender</b>						
Male	1,012	571	29	244	117	51
	67	65	6	8	6	5
Female	859	530	38	196	78	17
	23	9	3	16	7	5
<b>Marital Status</b>						
Married	907	517	15	244	96	34
	20	30	2	8	6	4
Widowed	813	493	34	181	85	21
	12	17	9	7	9	5
Divorced/separated	1,181	727	106	172	133	44
	79	57	4	37	15	13
Never married	1,161	772	90	189	78	32
	65	11	11	45	2	13

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Expenditures per User</b>	\$925	\$548	\$34	\$217	\$95	\$31
	19	28	4	6	5	5
<b>Race/Ethnicity</b>						
White non-Hispanic	875	501	20	235	92	27
	17	22	4	5	6	3
Black non-Hispanic	1,083	706	91	119	117	50
	54	73	15	22	22	17
Hispanic	1,315	897	129	132	118	39
	194	122	17	40	38	7
Other	1,247	838	105	96	76	131
	339	212	17	27	32	122
<b>Income</b>						
Less than \$2,500	1,183	587	43	186	256	112
	103	97	7	36	57	10
\$2,500 - \$4,999	919	580	73	116	143	8
	139	124	27	20	36	3
\$5,000 - \$7,499	903	631	121	79	56	15
	168	140	19	15	3	3
\$7,500 - \$9,999	1,000	677	74	128	93	28
	169	134	21	11	6	2
\$10,000 - \$14,999	885	531	25	208	92	29
	77	60	4	17	9	5
\$15,000 - \$19,999	881	517	3	254	83	24
	3	11	2	10	5	10
\$20,000 - \$24,999	936	531	3	255	103	44
	69	74	2	13	8	17
\$25,000 - \$29,999	1,047	564	2	313	119	49
	46	44	2	39	16	36
\$30,000 or more	891	450	1	309	98	33
	33	9	1	25	5	5

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$925	\$548	\$34	\$217	\$95	\$31
	19	28	4	6	5	5
<b>Health Status</b>						
Excellent	576	322	8	166	61	19
	36	20	1	25	7	4
Very good	630	348	8	172	76	26
	26	18	1	2	6	5
Good	832	471	25	216	92	28
	15	21	3	5	14	5
Fair	1,083	655	46	224	108	49
	66	73	3	9	10	21
Poor	1,994	1,302	126	367	166	33
	11	26	23	53	17	4
<b>Functional Limitation</b>						
None	743	430	16	199	75	23
	40	36	5	11	2	1
IADL only <sup>3</sup>	1,096	655	56	215	119	51
	70	18	2	20	23	19
One to two ADLs <sup>4</sup>	1,073	644	34	264	104	27
	85	76	3	10	13	2
Three to five ADLs	1,291	796	77	246	133	38
	12	25	23	26	32	17

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Outpatient Hospital Visit in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$925	\$548	\$34	\$217	\$95	\$31
	<i>19</i>	<i>28</i>	<i>4</i>	<i>6</i>	<i>5</i>	<i>5</i>
<b>Metropolitan Area Resident</b>						
Yes	953	557	34	226	100	36
	<i>35</i>	<i>37</i>	<i>5</i>	<i>6</i>	<i>6</i>	<i>8</i>
No	850	523	34	192	83	18
	<i>47</i>	<i>38</i>	<i>10</i>	<i>7</i>	<i>4</i>	<i>3</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$1,767	\$1,046	\$59	\$287	\$354	\$21
	49	28	4	13	6	4
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	1,588	943	32	278	314	20
	59	38	4	18	5	6
75 - 84 years	1,963	1,213	44	317	376	13
	79	40	12	15	15	1
85 years and older	1,994	1,209	66	257	448	13
	29	39	18	5	44	5
<b>Disabled</b>						
Under 45 years	1,945	995	360	198	364	28
	138	164	44	29	61	2
45 - 64 years	1,945	963	153	316	440	73
	229	97	21	54	76	10
<b>Gender</b>						
Male	1,793	1,047	44	311	358	33
	34	18	1	18	4	6
Female	1,747	1,045	70	269	350	13
	61	36	7	11	13	2
<b>Marital Status</b>						
Married	1,723	1,005	22	323	351	22
	48	36	0	14	8	7
Widowed	1,834	1,117	72	263	367	15
	64	28	19	8	35	1
Divorced/separated	1,871	1,097	168	187	381	38
	34	58	7	19	8	9
Never married	1,734	1,045	191	205	275	18
	188	146	16	39	8	4

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Expenditures per User</b>	\$1,767	\$1,046	\$59	\$287	\$354	\$21
	49	28	4	13	6	4
<b>Race/Ethnicity</b>						
White non-Hispanic	1,743	1,018	37	310	357	21
	65	34	5	17	12	3
Black non-Hispanic	1,897	1,146	156	177	389	28
	169	75	14	10	80	9
Hispanic	2,057	1,358	217	177	288	17
	25	36	22	27	27	3
Other	1,288	809	119	115	229	16
	149	71	19	22	98	2
<b>Income</b>						
Less than \$2,500	2,266	1,152	102	284	699	29
	357	239	33	56	68	4
\$2,500 - \$4,999	2,495	1,487	135	274	594	4
	494	278	18	122	252	2
\$5,000 - \$7,499	1,780	1,178	226	112	250	13
	46	37	15	3	31	1
\$7,500 - \$9,999	1,845	1,168	116	224	307	29
	77	62	5	5	13	4
\$10,000 - \$14,999	1,806	1,072	38	283	378	35
	50	17	17	11	24	17
\$15,000 - \$19,999	1,656	977	10	321	337	11
	20	6	10	7	7	3
\$20,000 - \$24,999	1,593	909	7	323	330	24
	78	18	5	41	16	8
\$25,000 - \$29,999	1,734	952	1	386	384	11
	347	208	1	87	70	7
\$30,000 or more	1,709	949	0	368	372	20
	111	52	0	40	31	3

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$1,767	\$1,046	\$59	\$287	\$354	\$21
	49	28	4	13	6	4
<b>Health Status</b>						
Excellent	1,055	563	15	200	267	9
	21	9	2	14	13	3
Very good	1,234	698	24	219	271	21
	24	16	4	15	6	8
Good	1,543	901	40	271	311	21
	73	26	2	20	35	1
Fair	2,474	1,532	114	373	424	31
	50	55	10	20	16	10
Poor	3,775	2,328	182	505	734	26
	243	131	23	48	90	2
<b>Functional Limitation</b>						
None	1,214	699	21	232	248	13
	36	23	3	13	4	0
IADL only <sup>3</sup>	1,979	1,229	76	305	346	23
	27	26	2	6	0	3
One to two ADLs <sup>4</sup>	2,426	1,401	68	392	526	39
	199	116	7	52	46	20
Three to five ADLs	3,966	2,378	265	449	827	47
	301	203	32	22	92	11

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Physician/Supplier Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$1,767	\$1,046	\$59	\$287	\$354	\$21
	<i>49</i>	<i>28</i>	<i>4</i>	<i>13</i>	<i>6</i>	<i>4</i>
<b>Metropolitan Area Resident</b>						
Yes	1,864	1,105	61	304	371	23
	<i>48</i>	<i>24</i>	<i>5</i>	<i>14</i>	<i>13</i>	<i>4</i>
No	1,487	878	51	238	302	18
	<i>56</i>	<i>44</i>	<i>12</i>	<i>15</i>	<i>15</i>	<i>3</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Dental Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$410	\$0	\$8	\$59	\$336	\$7
	2	0	1	2	2	1
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	414	0	5	62	340	6
	2	0	1	2	4	1
75 - 84 years	420	0	4	49	360	6
	2	0	1	10	9	1
85 years and older	355	1	3	35	313	4
	36	1	1	16	18	1
<b>Disabled</b>						
Under 45 years	275	0	43	70	146	17
	54	0	4	30	12	10
45 - 64 years	438	1	30	87	300	20
	27	1	10	6	19	4
<b>Gender</b>						
Male	403	0	6	69	318	10
	5	0	1	2	5	2
Female	414	1	9	51	349	5
	6	0	1	1	5	0
<b>Marital Status</b>						
Married	414	0	3	60	345	7
	7	0	0	3	8	1
Widowed	383	1	10	41	325	6
	11	1	4	9	9	2
Divorced/separated	474	1	28	86	339	20
	44	0	5	28	53	4
Never married	376	1	26	66	278	6
	35	0	2	17	17	2

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Dental Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Expenditures per User</b>	\$410	\$0	\$8	\$59	\$336	\$7
	2	0	1	2	2	1
<b>Race/Ethnicity</b>						
White non-Hispanic	412	0	4	57	344	7
	4	0	0	3	5	1
Black non-Hispanic	368	4	34	84	222	24
	38	3	15	7	40	4
Hispanic	303	0	33	36	225	8
	48	0	8	23	17	2
Other	693	2	59	153	475	4
	226	3	27	125	133	2
<b>Income</b>						
Less than \$2,500	355	0	12	33	289	21
	47	0	2	6	65	15
\$2,500 - \$4,999	326	0	22	13	283	8
	73	0	9	6	66	6
\$5,000 - \$7,499	233	2	56	7	159	9
	22	3	8	2	10	3
\$7,500 - \$9,999	368	1	23	36	304	4
	55	1	4	7	50	3
\$10,000 - \$14,999	421	0	7	59	350	4
	41	0	4	13	40	2
\$15,000 - \$19,999	377	0	1	41	329	5
	30	0	1	5	33	0
\$20,000 - \$24,999	416	0	1	57	349	8
	6	0	1	2	9	4
\$25,000 - \$29,999	341	0	0	49	288	4
	19	0	0	8	23	3
\$30,000 or more	479	0	0	85	384	10
	15	0	0	6	19	4

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Dental Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$410	\$0	\$8	\$59	\$336	\$7
	2	0	1	2	2	1
<b>Health Status</b>						
Excellent	442	0	2	71	358	11
	32	0	0	6	34	4
Very good	393	0	4	49	336	4
	16	0	1	10	15	1
Good	413	1	7	63	333	9
	24	1	0	9	18	2
Fair	401	0	22	45	327	7
	28	0	6	9	26	4
Poor	394	1	12	79	294	8
	82	0	4	6	82	5
<b>Functional Limitation</b>						
None	417	0	5	60	346	6
	6	0	0	3	4	1
IADL only <sup>3</sup>	395	0	11	56	322	5
	11	0	2	4	11	2
One to two ADLs <sup>4</sup>	397	2	11	59	310	17
	26	2	5	4	17	8
Three to five ADLs	396	0	22	49	311	14
	19	0	11	7	31	10

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Dental Service in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$410	\$0	\$8	\$59	\$336	\$7
	<i>2</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>1</i>
<b>Metropolitan Area Resident</b>						
Yes	435	1	9	64	353	8
	<i>3</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>1</i>
No	324	0	4	40	276	4
	<i>21</i>	<i>0</i>	<i>0</i>	<i>6</i>	<i>15</i>	<i>0</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (1 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$629	\$0	\$76	\$174	\$326	\$52
	10	0	3	7	5	1
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	585	1	49	189	300	47
	12	0	0	6	10	4
75 - 84 years	637	0	57	158	370	51
	17	0	5	10	14	4
85 years and older	594	0	92	114	356	33
	12	0	15	4	7	6
<b>Disabled</b>						
Under 45 years	707	0	313	117	212	64
	54	0	39	2	5	15
45 - 64 years	908	0	213	226	367	103
	17	0	4	21	9	24
<b>Gender</b>						
Male	617	1	53	188	310	66
	10	0	2	6	4	7
Female	637	0	93	164	339	41
	11	0	3	9	5	4
<b>Marital Status</b>						
Married	626	1	28	209	343	47
	12	0	5	8	6	4
Widowed	631	0	98	135	341	56
	23	0	9	9	21	8
Divorced/separated	642	0	226	96	243	78
	32	0	15	11	10	24
Never married	625	0	216	136	230	44
	20	0	12	5	8	10

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (2 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$629	\$0	\$76	\$174	\$326	\$52
	10	0	3	7	5	1
<b>Race/Ethnicity</b>						
White non-Hispanic	637	1	49	191	346	51
	9	0	5	9	5	3
Black non-Hispanic	617	0	218	102	227	69
	24	0	16	10	20	12
Hispanic	591	0	217	80	249	44
	42	0	42	23	21	8
Other	422	0	158	74	148	42
	96	0	24	31	42	18
<b>Income</b>						
Less than \$2,500	784	2	180	176	344	82
	48	1	79	33	33	51
\$2,500 - \$4,999	539	1	171	54	291	21
	58	1	16	9	67	16
\$5,000 - \$7,499	664	0	325	41	231	68
	25	0	4	3	2	19
\$7,500 - \$9,999	610	1	125	98	319	66
	24	1	6	13	16	6
\$10,000 - \$14,999	652	0	40	160	378	75
	8	0	4	4	17	17
\$15,000 - \$19,999	628	0	10	203	385	31
	8	0	5	9	8	1
\$20,000 - \$24,999	577	0	2	210	327	38
	13	0	1	10	7	3
\$25,000 - \$29,999	671	1	3	278	359	30
	15	1	3	17	10	6
\$30,000 or more	610	0	0	263	305	41
	21	0	0	19	0	4

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (3 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$629	\$0	\$76	\$174	\$326	\$52
	10	0	3	7	5	1
<b>Health Status</b>						
Excellent	386	0	22	122	213	29
	19	0	5	4	17	2
Very good	501	0	33	161	270	38
	8	0	10	4	7	5
Good	601	1	62	175	320	43
	26	0	6	19	8	6
Fair	825	0	132	204	415	73
	8	0	15	13	7	9
Poor	1,008	2	198	221	480	107
	10	1	7	7	32	20
<b>Functional Limitation</b>						
None	498	0	33	160	265	40
	11	0	4	7	6	3
IADL only <sup>3</sup>	728	0	118	177	368	65
	7	0	7	16	10	3
One to two ADLs <sup>4</sup>	783	2	109	207	411	55
	21	1	15	15	5	8
Three to five ADLs	954	1	188	200	474	91
	63	0	29	22	25	16

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 1994 (4 of 4)**

Community-Only Residents with at Least One Prescribed Medicine in 1994<sup>1</sup>

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
<b>Expenditures per User</b>	\$629	\$0	\$76	\$174	\$326	\$52
	<i>10</i>	<i>0</i>	<i>3</i>	<i>7</i>	<i>5</i>	<i>1</i>
<b>Metropolitan Area Resident</b>						
Yes	630	0	74	187	312	57
	<i>14</i>	<i>0</i>	<i>2</i>	<i>8</i>	<i>7</i>	<i>1</i>
No	628	0	83	137	371	36
	<i>3</i>	<i>0</i>	<i>7</i>	<i>7</i>	<i>4</i>	<i>1</i>

Source: Medicare Current Beneficiary Survey, CY 1994 Cost and Use Public-Use File.

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and it excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.